



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization MBAC (MASS Black Alcohol & Addiction Council)

Organization EIN 88-1679575

Annual Operating Budget 100,000.00

Year Incorporated 1978

Organization Address 52 Deforest St
Boston, Massachusetts, 02136

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

Primary Contact Email

Primary Contact Title

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 200000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 6: Boston area

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

Youth

Families

Veterans

Older adults

Pregnant homeless women

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

MBAC is committed to, educating the public about the prevention of alcohol abuse, addiction to opioids, cocaine, prescriptions drugs and other drugs; work to increasing services for Black or African Ancestral individuals and their families, providing quality care, quality treatment and developing research models specifically Designed for Blacks.

2. Describe the services your organization provides or the activities it engages in?

MBAC is the Statewide Massachusetts Chapter organized of NBAC, to develop and provide Recovery programs/activities and engagement to meet the unique needs of the Black Communities in MA. MBAC provides trainings designed to incorporate best practices and to produce positive outcomes. Teach a unified approach to the problems associated with Opioid abuse, alcohol abuse and other drugs of abuse. Work with and train African Ancestral community members in recovery, to engage and educate people who are actively using, in harm reduction and safe choices while providing ongoing support. Conduct research projects

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The first priority population MBAC focuses on is the Black community. As the opioid crises increased among White youth, Blacks were moved off the priority list.

MBAC continues to develop models address the lack of culturally specific services and prevention systems designed for African Ancestral People.

MBAC is training a team of recovering people to continue the outreach they have been doing for free. They speak with, and educate their friends/family members who are actively using. The goal is to build trust and love. This initiative will also guide the Black community to services and resources available to help save their lives. This program came as a result of the increased number of Black Men and other people losing their lives to increased exposure of fentanyl in all drugs sold and disbursed to Black people.

MBAC recognizes addiction carries a sentence of years of trauma, poverty, lack of housing and severe Mental Health diagnosis. MBAC trains out teams to understand when to include the support of the list of Black mental health providers in our network and help them to access emergency services through the local trauma informed teams.

Throughout the years of treatment for African Ancestral people has dwindled to nothing! As of 2007, program doors closed and the Black community was forced to participate in unfamiliar treatment programs. SUD using people have used GrandMa, friends, hairdressers, and barber to seek “non – clinical” support. This approach to engagement has proven to be helpful. Over 20% of Black people who are open to access resources and services comes from lay peoples support. The basic cultural needs are not met, and there is no understanding of the historical trauma associated to their SUD/MH. This is why MBAC is working to level the playing field and work from the neighborhoods identified needs.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

MBAC came out of, and has always been present in the Black community where the people we serve live. The trainings and education focused programs and initiatives are based on Best Practices used when working with Black and African Ancestral SUD using people.

MBAC has a Board of Directors, Membership, Trainers and Engagement Teams that all come from the communities and the people served.

There are many people who identify as African Ancestral. They come from that speak Haitian Creole, Spanish, Cape Verde Creole, many African Dialects, Jamaican and English. MBAC has representation of as many of the identified races and ethnicities working with people in need.

MBAC conducts outreach in the neighborhoods and communities of the people we serve. This helps to ensure the diversity needed to provide culturally appropriate services is met. Recruitment is conducted using all channels connecting with Black professionals and paraprofessional.

MBAC ensures there is ADA compliance in all areas. We provide interpreters for the deaf and hard of hearing and when needed, and to people who speak various languages. MBAC ensures people with physical limitations have the same access to events, trainings and services as the general public.

MBAC is not opposed to providing services to anyone who request them. Although our primary objective is to services and advocate for the MOST underserved people of African Ancestry, all people of color and disenfranchised White people suffering with the same infringements on their inalienable human rights, they are welcome to receive services. The Board, Trainers and Staff of MBAC are all Black. This is required to ensure efficacy and integrity.

MBAC has a structure of allies that include state and local organizations. Networking with governmental agencies and the private sector helps to develop supportive and collaborative relationships.

MBAC develops and creates programs and teaching models that include culture, implicit bias, ancestors and religious beliefs. This is provided without judgment be expressed towards the differences. Instead, MBAC embraces diversity, advocates for equity and includes different ways of living and thinking.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

MBAC uses the following tools.

1. Focus Groups: MBAC conducts focus groups with the people that participate in conferences, training workshops and other activities.
2. Survey: MBAC distributes surveys that capture the experiences the participant had during an activity. These surveys can be anonymous or self-identified. Surveys are used for long term and brief interventions, engagement activities, conferences and workshops.
3. Rank Choice: MBAC sometimes will use a rank choice format to learn what the majority of participants found in common. It's a way of learning about the program, presenters and if the subject matter is relatable to the majority of the group.
4. Website suggestion link: The idea of the website link is similar to old fashion “suggestion box”. The

website is available 24/7. This website creates a space for anyone to make suggestions, give feedback and ask questions. The website uses volunteer support.

5. Real time feedback live or Zoom

6. Kahootz: MBAC presents questions in a game format, that test the participant's knowledge of the subject matter. For instance, when MBAC is hosting a virtual training the facilitator will introduce the kahootz interactive game that has information presented in the training. This is a fun way to ensure the participants are absorbing the information taught.

MBAC uses all the information gathered to develop culturally appropriate programs, trainings and conferences. Information is used to promote public policies and coalitions of all Blacks involved in SUD and Mental Health. Last, the information gathered is used for research to develop models of treatment and engagement that are culturally effective, efficient and evidence based.

Being connected with the communities and people we serve and advocate for, keeps MBAC current with the "real time" needs of Black people and families impacted by the challenges that come with SUD/Opioid Abuse/Addiction and Alcohol dependency.

6. What steps has your organization taken to create a more inclusive work environment?

MBAC has an elected Board of Directors and membership that provide feedback and recommendations that are presented to the group for a vote. MBAC uses some of the same strategies identified in our data collect process to include the voices, thoughts and ideas of the members and staff.

MBAC host retreats for all staff, volunteers, board member to build team bonding and open communication. During the yearly retreat everyone present is on same level. There is no hierarchy during the sessions and randomly selected working groups. The outside facilitators manage all the sessions. The collect the data and develop a report from the entire groups input.

The MBAC leadership and program managers have an open door policy. They are required to be available to hear from the facilitators, volunteers and staff.

MBAC presents to CBO's, private group, networking events, public forums and any opportunity available to promote the goals and concepts of MBAC. The only requirement for membership and working opportunities is the person must identify as Black or African Ancestral. They can be in recovery, an ally, a family member or survivor of the impact of SUD.

MBAC currently provides outreach to people living in Dorchester, Roxbury, Mattapan, Boston, Hyde Park, Roslindale, Lynn and Springfield and other cities and towns where there are Black people living.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

MBAC has the following goals to address the quality of care for African Ancestral people with opioid dependency and fatalities, alcohol abuse, SUD and Mental Health diagnosis.

MBAC intends to build a strong engagement team of Black recovering from their neighborhoods. This model creates an opportunity to build trust and prevent some overdoses. Also, the engagement team will collaborate with state, city and private agencies for trainings in overdose prevention, harm reduction and referrals for Mental Health care.

This model will require the teams are trained by MBAC approved staff and consultants. They will be will be certified in By [REDACTED], a clinical Psychologist and Natural historian and Hairstylist. [REDACTED]

[REDACTED] certification model is called "PsychoHairapy". In this model [REDACTED] focuses on training community hairdressers and barbers, because they engage with and talk to regular people about their problems and issues daily. Through this model that will be tailored for this specific MBAC engagement team.

The teams will learn to identify flags and triggers that could potentially be harmful.

They will be trained in crisis intervention and trauma care/response. The teams will complete daily forms to help track their encounters and outcome measures.

The teams will also be trained in "Implicit Bias" and Narcan use and distribution and group facilitation. The MBAC engagement teams will be connected to two Black Behavioral Health Licensed Clinics in Dorchester MA and Springfield MA. These clinics will work as a hub and clinical resource for the teams.

The data and research will be shared with funders and BSAS quarterly. The outcomes will also be presented during the annual MBAC Mini BAI conference.

he second initiative is to have funding to host the annual Mini Black Alcohol & Addiction Conference. The

mini BAI is a shorter version of the original BAI held yearly in conjunction with a HBCU like Howard University and Morehouse School of Medicine or CORK Institute at Morehouse.

The purpose of the BAI is to train and train providers of all races, ethnicities and nationalities how to work effectively with African Ancestral people with SUD and Alcoholism. Today, we increased the scope of trainings to meet the needs of the Black population in need of these services. The Mini BAI is uniquely qualified to help professionals – who are culturally different from their clients, patients and consumers of African Ancestry – gain the knowledge, skills and cultural content needed to work with African Ancestral clients, patient and community.

The topics include:

Working Effectively With People of African Ancestry on
Knowledge & Techniques for Providing Culturally Appropriate Addiction Services
Historical Trauma
Spiritual Model for Healing

Dealing with the opioid crisis in the Black Community

Presenting a strength based, best practiced model for residential and out patient treatment for African Ancestral people with SUD/OA/MH.

Addressing Black Mothers Are Dying: Maternal Rate from SUD & Racism and other relivent cultural topics

The funds will help cover the cost of the Mini BAI presenters, space, equipment, food and marketing material, awards and any other overhead cost.

8. How will the funds help you achieve your goals?

The funds will be used to cover the expansion of MBAC trainings, a yearly conference, community education forums on harm reduction and safe choices, training and certification for the community engagement team “The Credible Messenger”, marketing material and pay/stipends over a (3) year period. The expansion of services will include the following:

- 1. MBAC will provide additional training on the hidden, life threatening dangers of fentanyl laced opioids, cocaine, and cannabis is having on the lives of their peers, family, neighbors and more. They will also learn about the medical/physical and mental implication of alcohol. These trainings will benefit the Black community directly as well as to non-profits, churches, senior centers, youth programs, schools and other providers working with Black people.
- 2. The yearly Mini BAI (Black Alcohol & Addiction Institute) will use the funds to ensure the conference will continue to grow in its content. We will be able to invite and secure the top Black experts to educate on their knowledge and techniques for providing culturally appropriate prevention, abuse, services, quality of care, research and politics.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 profit and loss statement template.pdf

Organization's Operating Budget

 MBAC Operations Budget FY 24-26.xlsx



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Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Merrimack Valley Dream Center
Organization EIN	81-4754411
Annual Operating Budget	191919.00
Year Incorporated	2017
Organization Address	60 Island St, Suite 96 Lawrence, Massachusetts, 01840-1835
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name	
Email	
Title	
Preferred Pronouns	she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

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- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 50000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 3: Northeast

Check the most relevant box along the continuum for your services or activities. community outreach, health & hygiene services, and referrals to education, prevention, treatment, testing and counseling at partner organization

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Merrimack Valley Dream Center’s mission is to spark lasting transformation in those in the Merrimack Valley who need hope, freedom, & purpose by providing resources & support through residential & community outreach programs.
Our vision: To see broken lives transformed
Our motto: Find A Need & Fill It, Find A Hurt & Heal It

2. Describe the services your organization provides or the activities it engages in?

Merrimack Valley Dream Center's (MVDC) began with the Bridge Ministry in 2013. It has continued every since, every Saturday, 52 weeks a year. MVDC volunteers meet with Lawrence's unhoused, many of whom are also suffering from an addiction. The team gives them a meal, personal hygiene kits, socks and hats and gloves in cold weather, and new clothing when it is available. If a person is open to it, volunteers provide referrals to community-based services that can aid with various problems, including addiction. Since MVDC became a 501(c)(3) in 2027, it has added several programs. The Mobile Food Pantry provides free bags of groceries monthly at public housing projects in Lawrence and Methuen, plus the Canopy of Hope sober home in Methuen. This program's model recently changed so that funds previously used to

rent a U-Haul and make round trips to the Boston Food Bank are now used to purchase more fresh food, including produce, dairy foods and chicken. In just one day in April, volunteers packed and distributed 10,000 pounds of food to 258 households Lawrence and Methuen.

Celebrate Recovery is a 12-step program for people addicted to any substance or behavior. It meets weekly; after the meeting there are separate breakout groups for women and men.

MVDC's motto is "Find a need and fill it. Find a hurt and heal it." A perfect example of this is the Canopy of Hope transitional sober home for women in Methuen. Women from Celebrate Recovery expressed the need for a supportive transitional home after graduating from a halfway house. The only one in the area was in Lowell, where demographics and culture are quite different from Lawrence. Knowing that the stress and challenge of relocating while in early recovery could jeopardize someone's sobriety, MVDC leadership raised funds to open Canopy of Hope last October, now home to four women in recovery and a 24/7 residential mentor.

MVDC is not affiliated with any one church or religion, but most of its volunteers come from churches in Lawrence, Andover, and Salem, NH. Its Sunday Shuttle provides rides to church to those without other transportation.

The Fresh Start Mobile Shower & Laundry Service began operating in Haverhill in 2022, partnering with Common Grounds, a nonprofit serving the homeless population. (In March 2024, it reached the 1,500 showers mark!)

In April, MVDC launched the Fresh Start Mobile Shower Service in Lawrence, situated a short walk from Greater Lawrence Family Health Center's Community Support Services center. Both organizations serve the same population--mostly unhoused people who are struggling with addiction--and provide complementary services. The service operates two days a week, but will be fully operational at 5 days/week, as the Haverhill service is, once plans for a hookup to a city water main is OK'd, and sufficient funds are raised to support the budget, which was unexpectedly increased by consulting and engineering costs, plus the cost of hauling 200-gallon containers of water and renting a U-Haul to operate 2 days a week.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Data below clearly indicate the scope of substance use in Lawrence. People who are unhoused, lacking hygiene facilities to keep wounds clean, lacking nourishment, and needing opportunity and encouragement if they are to seek medical or mental health services, are represented in all of these figures. These are the people to be served by Merrimack Valley Dream Center and the Greater Lawrence Family Health Center's Community Support Services center.

Lawrence General Hospital's (LGH) 2019 Community Health Needs Assessment (CHNA) says, "The rate of opioid-related deaths per 100,000 for residents of the service [Merrimack Valley] area ranged from a low of 5.7 opioid-related deaths per 100,000 in Andover, to a high of 46.5 opioid-related deaths per 100,000 in Lawrence."

"Behavioral health, specifically access to mental health providers and substance use disorders continue to be concerns in the community."

In the 2022 CHNA, pretty much the same was true. "Heroin accounted for 62.6% of BSAS [Bureau of Substance Addiction Services) admissions in Lawrence, the highest in the region and substantially higher than the state average (52.8%)."

Preliminary data from the MA Department of Public Health (6/2023): "The opioid-related overdose death rate in Massachusetts increased to 33.5 per 100,000 people in 2022, 2.5 percent higher than in 2021 (32.7 per 100,000) and 9.1 percent higher than the pre-pandemic peak in 2016."

"Naloxone was administered in 97% of acute opioid overdoses occurring in the first three months of 2023. . . DPH continues to increase investment in 29 opioid addiction treatment programs across [MA] to expand services aimed at reaching historically underserved or hard to reach populations, including those in the hardest-hit communities like Boston, Lawrence, Lynn, Springfield, and Worcester."

"The following cities and towns experienced a notable increase in opioid-related overdose deaths in 2022 compared with 2021: Lawrence, Leominster, Lynn, Springfield, Waltham, Weymouth, and Worcester."

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Merrimack Valley Dream Center volunteers meet in person every Saturday with the unhoused population of Lawrence. There are a few places where they are known to always congregate. MVDC's Bridge Ministry volunteers are very familiar with them. For purposes of the Fresh Start Mobile Shower Service in Lawrence, this consistent weekly outreach ensures that this service, along with the complementary services of the Greater Lawrence Family Health Center's Community Support Services (CSS) center, are known to and accessible to all among the population they both serve.

The community health workers on staff at Greater Lawrence Family Health Center's CSS center are in touch with the population in the city who most need the education, prevention, treatment, testing, and related health services the CSS provides to those who are suffering from or most vulnerable to opioid use and use of other addictive substances, not necessarily those who are experiencing homelessness, but anyone in the city with that profile.

As for MVDC's other programs and services, they are known through the robust network of nonprofits and local government agencies and offices in Lawrence. There are many and frequent gatherings and meetings of the leaders of Lawrence nonprofits where they communicate in person with each other about housing, childcare, addiction services, veterans' services, food insecurity, ESOL classes and immigrant services, employment opportunities, and any number of other vital needs.

MVDC has a social media presence but admittedly relies more so on person-to-person and word of mouth to inform community members about its services.

All of its services and programs are equitable. No one is ever turned away unless they must be referred to another resource that can more appropriately fill the need. All are included.

MVDC goes above and beyond its usual outreach when circumstances demand it. For example, during the worst of the pandemic, when food insecurity spiked in Lawrence, it doubled its distribution of groceries through the Mobile Food Pantry, and also joined in a community-wide effort among a small group of other nonprofits and small businesses, to initiate "Everybody Eats Every Month," an expanded food distribution program. Word of this effort quickly spread throughout the community since a few large billboards were posted by [REDACTED], a player for the New England Patriots who underwrote the program.

As noted above, MVDC volunteers come from a number of area churches, so the word about MVDC programs is also well-known within those communities. MVDC has a newsletter and also regularly posts its Impact Reports in the newsletter and on its Facebook page. Its programs and services are widely known to all in the Greater Lawrence/Haverhill/Methuen communities.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The Fresh Start Mobile Shower & Laundry Service in Haverhill, and Fresh Start Mobile Shower Service in Lawrence exemplify how Merrimack Valley Dream Center lives up to its motto: "Find a need and fill it. Find a hurt and heal it." Its founder is an IT professional in his 40s, earning a Master's, and father of two. But he himself was an addicted and homeless teen after his mother's death in the 1990s. His need to pay back his community, and his voice and vision, have inspired all that MVDC does. MVDC has become a known source of nonjudgmental compassionate service. There are numerous cases over its history of people presenting a need or problem that MVDC responds to.

A recent example is the transitional sober home for women. There are many addiction treatment programs for women in the area and halfway houses. But since a residential sober home for women shut down a few years ago in Lawrence, the closest one was in Lowell. Women from Lawrence are not especially eager to live in Lowell when they remain psychologically and emotionally fragile after graduating from a halfway house. Lowell's culture is decidedly different from Lawrence's. Both cities are home to many immigrants, and first and second-generation Americans, but Lawrence is over 80% Latinx, and Lowell's population is more diverse with a large percentage of Southeast Asians. Adapting to an unfamiliar culture can be stressful and challenging, potentially jeopardizing someone's recovery. When this need came to MVDC's board's attention, they worked to create a transitional sober home for women, Canopy of Hope, opened in October 2023, offering a home for 18-24 months and an array of supportive services. This is but one example of how MVDC ensures that the voices of the people it serves informs its program and services.

6. What steps has your organization taken to create a more inclusive work environment?

As an all-volunteer organization, this question does not completely apply to Merrimack Valley Dream Center. It is made up of a core group of long-time volunteers who are dedicated to the mission of the organization. All board members are also leaders of at least one of the programs. They come from five

difference churches in Lawrence, Andover, and Salem NH. Other volunteers come to MVDC via the volunteermatch.org online matching service.

All are included and appreciated. The Founder and Executive Director is a native of Lawrence, Latino and bilingual in Spanish-English. A few other volunteers are also Latino and bilingual natives of Lawrence. Other volunteers are white and non-Spanish speaking. But all are part of a dedicated team and community with the same willingness to serve others who need some form of nonjudgmental compassionate friendship and help.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. The goal for the Fresh Start Mobile Shower Service in Lawrence has always been to operate five days per week. A top goal for the near future, and indefinitely thereafter, is to increase operations from two days per week to five.

2. A secondary goal, after reaching full operation of the service, is to increase the number of referrals to the nearby Greater Lawrence Family Health Center's Community Support Services center. Cross references between the two organizations would significantly boost the chances for prevention and treatment and counseling of those who are vulnerable to opioid or other addictions, or who are already addicted. To date, over 2 1/2 months, there have been about 25 such cross referrals, but with hot weather coming, and with a 5-day schedule, MVDC believes the number could quickly double or even triple.

3. Another top goal for the Fresh Start Mobile Shower Service is to hire a program manager to work on Saturdays. To date the position has been open for months and MVDC feels sure that if it could offer a higher rate of pay than \$18/hour, it could attract a qualified person to the role.

4. A goal related to hiring qualified staff is having the capacity to track usage of the service. Although it is now for volunteers to count the number who use the service and the number who are given referrals to the Community Support Services center, ideally MVDC could gather more data, coordinate more closely with the CSS center, and create reports and analyses that would be more useful to all concerned, and could make the data available to the city, the MA Department of Public Health or others involved in the effort to prevent and curtail opioid addiction.

8. How will the funds help you achieve your goals?

Because of a major setback--the city requiring Merrimack Valley Dream Center to have engineering plans/blueprints for a connection to a water main, and then obtaining a permit from the Dept. of Public Works--MVDC's initial expenses for the Fresh Start Mobile Shower Service are considerably higher than anticipated. In addition to the blueprints, once the permit is issued, MVDC will need to pay a vendor to open a direct line from the City water main.

Eager to begin the service since the need is great, and the Haverhill service has been so successful, MVDC's ED and Board decided to execute "Plan B" to get the service underway. They are hiring a U-Haul once a week, purchasing and transporting five 500-gallon tanks of water to the site and operating the Fresh Start Service every Saturday for 3 hours, and occasionally on Thursdays, too.

Grant funds would help pay for these unanticipated expenses and also to begin full operation of the service five days per week.

Funds would be used to recruit, hire, train and pay for a Program Manager at a rate of about \$25/hour to operate the service on Saturdays when it tends to be most busy. So far, MVDC volunteers are working on Saturdays to keep the program going.

Additional funding would allow MVDC to purchase more professionalized data gathering and tracking tools, a program that could generate reports, and which would be able to easily integrate with whatever system the Community Support Services (CSS) center uses.

Finally, funds would support and sustain the ongoing operation of this vital service to the unhoused and addicted, or those vulnerable to addiction, in Lawrence.

The partnership between MVDC and CSS has real potential to prevent and reduce the prevalence of opioid and other substance addictions in Lawrence.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



MVDC_P&L_July 23-May 24 (1).pdf

Organization's Operating Budget



Revised_FY24 ORGANIZATIONAL BUD... .pdf



Letter of support.pdf



Wednesday, June 5, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Michael J Dias Foundation

Organization EIN

45-4675913

Annual Operating Budget

514,180

Year Incorporated

2012

Organization Address

398 East Street
Ludlow, Massachusetts, 01056

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

Executive Director

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

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years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 1: Western MA

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

To aid and educate individuals and families on substance abuse and help those that are battling the disease of addiction.

2. Describe the services your organization provides or the activities it engages in?

MJD aids individuals and families impacted by substance use disorders, focusing on supporting men battling addiction. We offer services and programs to promote recovery, foster resilience, and empower clients to rebuild their lives. Our core programs include residential recovery homes, community outreach, and speaking engagements, addressing the complex needs of those affected by addiction.

Residential Recovery Homes

Our primary service is the provision of safe and structured residential recovery homes for men. These homes offer a supportive, sober living environment where residents can focus on their recovery journey. Each house has staff with "lived" experience who provide 24/7 support, ensuring that residents can access the resources they need to maintain sobriety. Our recovery homes follow the 12-step recovery model, a structured program that includes group sessions and peer support. This holistic approach helps residents develop the tools and strategies necessary for long-term recovery.

Community Outreach

MJD actively engages in community outreach to raise awareness about substance use disorders and connect individuals with the help they need. We collaborate with local healthcare providers, social service agencies, and community organizations to identify and support individuals at risk of or struggling with addiction. Our outreach efforts include participating in community events, using social media, and distributing educational materials. By fostering strong community partnerships, we aim to create a network of support that extends beyond our organization.

Speaking Engagements

Education is a key component of our mission. We engage in speaking engagements aimed at preventing substance use disorders and promoting recovery. These engagements are primarily conducted in schools, where we address students, educators, and parents. Topics covered include the dangers of substance abuse, the benefits of early intervention, and the importance of seeking help. Our speaking engagements also focus on reducing the stigma associated with addiction, encouraging more individuals to seek treatment and support.

Capacity Building/Organizational Sustainability

To ensure the long-term sustainability of our programs, MJD is committed to building organizational capacity. This involves investing in staff training, enhancing our administrative infrastructure, and implementing best practices in program management. By strengthening our organizational foundation, we can continue delivering high-quality services and expand our reach to more needy individuals. Our goal is to create a resilient organization capable of adapting to emerging challenges and sustaining our impact over time.

Innovation/Partnerships

Innovation is at the heart of our approach to addressing substance use disorders. We continuously seek out and implement new strategies to enhance our services and fill gaps in the current system. Additionally, we actively participate in partnerships and coalitions to address community needs collaboratively. These partnerships allow us to leverage resources, share knowledge, and coordinate efforts to provide comprehensive support to individuals and families impacted by addiction.

MJD provides essential services supporting men in recovery from substance use disorders. Through our residential recovery homes, community outreach, speaking engagements, and commitment to sustainability, we aim to create lasting positive change for our clients and the broader community.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

MJD focuses on individuals with lived experience and those currently or formerly incarcerated. These groups face unique challenges, making targeted support crucial for their recovery and reintegration.

People w/Lived Experience

Individuals with lived experience of substance misuse and recovery are central to our mission. MJD was founded after the tragic loss of Michael J. Dias to drug misuse. His family and those with similar experiences shaped our mission to support these individuals. Their firsthand knowledge uniquely qualifies them for our support services. Through residential recovery homes and community outreach, we empower them to rebuild their lives. All our programmatic staff and many volunteer board members have lived experience, providing invaluable insight and empathy. One staff member graduated from our recovery homes, demonstrating our approach's success. Our alumni group also engages with current residents, offering mentorship and sharing recovery experiences.

People Currently/Formally Incarcerated

We prioritize individuals currently or formerly incarcerated, as substance use disorders are prevalent in these populations. Many struggle with addiction before and during incarceration and face barriers upon release, including limited access to healthcare and employment. All three of our programmatic staff were formerly incarcerated, providing unique insights and empathy. Our tailored programs support their reintegration, promoting stability and reducing recidivism.

Statistics

According to the Bureau of Justice Statistics, 58% of state prisoners and 63% of jail inmates meet criteria for drug dependence or abuse. SAMHSA reports that individuals with substance use disorders are more likely to be incarcerated.

At MJD, 80% of our residents have a history of incarceration, highlighting the overlap between substance use disorders and the criminal justice system. Our residents face significant challenges, including societal stigma worsened by their criminal records. By addressing both their addiction and these barriers, MJD provides comprehensive support for long-term recovery and stable lives.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

MJD is deeply committed to ensuring its programs and services are accessible and equitable to all community members. Our non-discriminatory and diversity policy reflects this commitment, which

outlines our dedication to creating an inclusive environment where all individuals feel respected and valued, regardless of gender, age, race, ethnicity, national origin, sexual orientation or identity, disability, education, or any other bias.

Commitment to Non-Discrimination/Equal Opportunities

MJD's policy explicitly states our dedication to being non-discriminatory and providing equal opportunities in employment, volunteerism, and advancement. This ensures that all community members, including staff, volunteers, and program participants, have fair access to our services and opportunities for growth. By respecting the diverse life experiences of our board and leadership, we strive to listen to and value diverse perspectives, which enhances our programs' relevance and effectiveness.

Inclusive Leadership/Governance

Our Board of Directors is committed to modeling diversity, inclusion, and equity in their leadership. This includes recognizing and addressing inequities in our policies, procedures, and services. The Board's philosophy emphasizes informed leadership that reflects the diversity of the communities we serve. We continually challenge assumptions about leadership and ensure transparency in all interactions, fostering an environment of respect and tolerance.

Program Accessibility

To make our programs accessible, MJD makes every effort to identify and address barriers that may prevent individuals from accessing our services. This includes physical accessibility, language support, and culturally sensitive programming. We network with other organizations committed to diversity, inclusion, and equity to identify resources and best practices for serving underrepresented clients. Our outreach efforts are designed to reach diverse populations, ensuring our services are widely known and accessible.

Transparency/Accountability

MJD is committed to transparency, particularly in our hiring practices. We are transparent about salary ranges in public job descriptions and strive to recruit diverse candidates for our Board of Directors and leadership positions. This transparency ensures that all candidates, regardless of background, understand their opportunities.

Community Engagement/Feedback

We actively engage with our communities to understand their needs and gather feedback on our programs. This engagement helps us tailor our services to be more inclusive and responsive to the unique needs of different populations. By fostering open communication and involving community members in program development, we ensure that our services are equitable and effectively address the needs of all individuals.

Continuous Improvement

MJD is dedicated to continuous improvement in diversity, inclusion, and equity. We regularly review and update our policies and practices to ensure they align with our commitment to fairness and equal treatment. This includes investigating underlying assumptions that may interfere with our diversity policy and advocating for systemic changes to address inequities.

Conclusion

MJD's commitment to accessibility and equity is integral to our mission of supporting individuals and families impacted by substance use disorders. Through inclusive policies, transparent practices, and active community engagement, we strive to create a supportive and equitable environment for all community members, ensuring everyone can benefit from our services.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

MJD ensures that the voices of the people we serve inform our programs and services through multiple inclusive and participatory strategies. Central to our approach is the active involvement of individuals with lived experience in developing, evaluating, and delivering our services.

Engagement with Lived Experience

All of our programmatic staff and many of our board members have lived experience with substance

misuse and recovery. This firsthand knowledge provides invaluable insights into the needs and challenges faced by our clients, ensuring that our programs are relevant and practical. Their experiences shape our policies and practices, promoting a deeper understanding and empathy within our organization.

Regular Feedback Mechanisms

MJD captures client experiences and suggestions through regular feedback mechanisms. We conduct individual interviews and encourage resident feedback to improve our services. This feedback loop ensures our programs remain responsive to client's evolving needs and that their voices are heard and valued.

Alumni Involvement

Our alumni group plays a crucial role in guiding current program participants. Alumni, who have successfully navigated the recovery process regularly engage with residents, providing mentorship and sharing their experiences. They also suggest improvements based on their experiences, which are relayed to the Board of Directors for consideration. This ongoing interaction helps us refine our programs based on real-world experiences and successes.

Community Partnerships

We maintain strong partnerships with local organizations and community groups that serve diverse populations. These partnerships enable us to gather broader community input and ensure that our programs are inclusive and equitable. By collaborating with these organizations, we can better understand and address the specific needs of various community members.

Through these strategies, MJD ensures the voices of those we serve to shape our programs, fostering a more effective and empathetic approach to supporting recovery.

6. What steps has your organization taken to create a more inclusive work environment?

MJD has implemented vital steps to create a more inclusive work environment, ensuring all staff, volunteers, and community members feel respected, valued, and supported.

Commitment to Diversity and Inclusion

MJD's diversity and inclusion policy ensures that all individuals, regardless of gender, age, race, ethnicity, national origin, sexual orientation, disability, education, or any other characteristic, are treated equally. This policy underpins all our actions and decisions, promoting fairness and inclusivity.

Inclusive Hiring Practices

We actively seek diverse candidates for all positions, ensuring our recruitment processes are free from bias. Our job descriptions are clear and transparent, providing detailed information about roles and responsibilities, with openly communicated salary ranges to promote fairness. We prioritize hiring individuals with lived experience of substance misuse and recovery, as their unique perspectives and insights significantly enhance our programs' effectiveness and empathy. This approach ensures that our staff can relate to and better support our clients, fostering a more compassionate and understanding environment.

Diverse Leadership

Our Board of Directors models diversity and inclusion, incorporating diverse voices in leadership; this ensures our organization reflects the communities we serve and benefits from varied perspectives.

Continuous Training and Development

MJD invests in continuous training and development so that all staff members can deepen their understanding of diversity, equity, and inclusion. Workshops and training sessions, often via Zoom, focus on cultural competence, unconscious bias, and inclusive practices, fostering a more aware and empathetic work environment.

Feedback and Improvement

We encourage open communication and feedback from staff and volunteers regarding inclusivity efforts. Regular feedback mechanisms help us identify and address barriers, ensuring continuous improvement.

Through these steps, MJD is dedicated to creating an inclusive work environment where everyone feels

valued and empowered to contribute to our mission of supporting individuals and families impacted by substance use disorders.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

MJD is dedicated to expanding and enhancing its services over the next three years to better support individuals and families impacted by substance use disorders. Our top goals focus on opening a women's sober home, forging new community partnerships, and strengthening our organizational capacity.

1. Opening a Women's Sober Home

One of our primary goals is to establish a women's sober home, providing a safe and supportive environment for women in recovery. Recognizing the unique challenges women face, we aim to create a dedicated space addressing their specific needs. We have initiated fundraising efforts and are actively seeking donations and grants. Our plan includes purchasing and renovating a suitable property. This home will offer a structured program based on the 12-step recovery model, including peer support and group sessions, empowering women to achieve long-term sobriety.

2. Forging New Community Partnerships

Another key goal is to forge new partnerships within the community. Building collaborative relationships with local organizations, healthcare providers, and community groups will enhance our ability to serve clients effectively. These partnerships will help us create a comprehensive network of support, addressing diverse needs from medical care and mental health services to employment assistance and housing. By working with other stakeholders, we aim to create a more integrated approach to recovery support.

3. Strengthening Organizational Capacity

MJD is committed to strengthening its organizational capacity to sustain and expand our impact. This includes investing in staff development, improving administrative infrastructure, and adopting best practices in program management. We plan to provide ongoing training for staff, ensuring they have the latest knowledge and skills in addiction recovery. Enhancing data collection and reporting systems will help us track program outcomes and demonstrate our impact to funders and stakeholders.

4. Expanding Outreach and Education Efforts

Expanding our outreach and education efforts is also a crucial goal. We aim to raise awareness about substance use disorders and the resources available through MJDF. This includes increasing our presence in schools to engage with students, educators, and parents, providing valuable information, and reducing addiction-associated stigma. Additionally, we plan to develop more educational materials and campaigns to reach a broader audience. Leveraging social media platforms will be a key strategy in our outreach efforts, enabling us to effectively connect with and educate a wider audience.

5. Enhancing Alumni Engagement

Finally, enhancing alumni engagement is a crucial goal. Our alumni, who have successfully navigated their recovery journeys, are vital to our community. We plan to create more structured opportunities for alumni to stay involved through mentorship programs, support groups, or volunteer opportunities. We aim to develop a sense of community and ongoing support by fostering a strong alumni network.

In summary, MJD's goals for the next three years focus on opening a women's sober home, forging new community partnerships, strengthening organizational capacity, expanding outreach and education efforts, and enhancing alumni engagement to support better individuals and families impacted by substance use disorders.

8. How will the funds help you achieve your goals?

The funds will play a crucial role in helping MJD to achieve its goals by enhancing our ability to deliver effective programs and services. These funds will support our efforts to forge new community partnerships, strengthen organizational capacity, and expand outreach and education initiatives.

Forging New Community Partnerships

With additional funding, MJD can build stronger relationships with local organizations, healthcare providers, and community groups. These partnerships will create a network of support addressing needs like medical care, mental health services, employment assistance, and housing. Funding will enable us to participate in more community events, joint programs, and shared resource initiatives, providing a more integrated approach to recovery support.

Strengthening Organizational Capacity

Investing in organizational capacity is critical for sustaining and expanding our impact. The funds will enhance staff development through continuous training and professional development opportunities, including certification for staff as Certified Alcohol and Drug Abuse Counselors (CADAC). Additionally, we aim to hire a dedicated recovery specialist to provide individualized client support. Improving our administrative infrastructure, such as upgrading data collection and reporting systems, will help us better track program outcomes and demonstrate our impact on funders and stakeholders.

Expanding Outreach/Education Efforts

Expanding our outreach and education efforts is another key goal. We aim to raise awareness about substance use disorders and the resources available through MJD. Funds will help increase our presence in schools, engage with students, educators, and parents, and provide information to reduce addiction-related stigma. Leveraging social media platforms will be crucial in our outreach efforts, enabling us to effectively connect with and educate a wider audience.

In summary, the funds will significantly enhance MJD’s capacity to forge new partnerships, strengthen organizational capabilities, expand outreach and education efforts, and hire a dedicated case manager, ultimately improving our ability to support individuals/families impacted by substance use disorders.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 2023- Form 990.pdf

Organization's Operating Budget

 Budget 2024.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Milestone Ministries, Inc
Organization EIN	65-1208210
Year Incorporated	2003
Organization Address	4058 Church St, P.O. Box 366 Thorndike, Massachusetts, 01079
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 1: Western MA

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

To provide a residence and the tools necessary for men who desire to change their lives. Restoring hope to those who feel hopeless due to addiction and/or homelessness. Meet the needs of men and their families who would be homeless or precariously housed and restore them to an abundant life.

2. Describe the services your organization provides or the activities it engages in?

My Father's House (MFH) is the primary work of Milestone Ministries. My Fathers House is a 6000 sq. ft. restored mansion that provides room & board for a man who desires to change his life. The residence is safe, secure and free of charge. We are located in the quiet town of Palmer / Thorndike MA. We offer a peaceful country environment perfect for recovery. Our staff is available 24/7 to assist and guide our residents with needed support and recovery services. Multiple daily meetings with both groups and individuals to assist in their restoration process. Family restoration, recovery counseling, employment assistance from staff experienced in corporate human resources. Court preparation assistance with free legal counsel. Housing assistance in coordination with other providers. Transportation for the residents to appointments with health professionals and court dates, and to necessary community resources, etc Personal aftercare guidance following detox, section 35, incarceration, hospitalization etc with Case Workers, Recovery Coaches and AISS to insure a seamless transition to a restored life. We often coordinate with the case workers of those who are incarcerated and desire a life change. We communicate with inmates while incarcerated to offer them a place at MFH. This offers them hope for the future after release to work on their rehabilitation. We also offer men a second-step home called "My Father's House 2" (MFH 2). This 4500 sq. ft restored Queen-Ann style home also located in Palmer, assists men after their graduation from MFH with their continued transition into an sober, abundant life. Each of the 7 men living in this house have graduated

from MFH, are gainfully employed, assist at MFH & help us reach out to the community. All of the services mentioned here are available to the men of MFH 2 and to any graduate and family member for the rest of their lives.

Most of our services are also available to non-residents, men and women on an appointment basis.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

95% of our priority population is either homeless or precariously housed, Studies show that approximately 60% of the homeless population have some form of mental illness and 70% of them have an addiction issue. According to the SAMHSA (Substance Abuse and Mental Health Services Administration) 38% of the homeless population abuse alcohol and 26% abuse other drugs. In regards to those currently or formally incarcerated; most of our residents fit this description.

For those who are incarcerated and show an interest in life change, they are encouraged to apply to MFH before their release to insure that they know that they have a safe and secure place to reside after incarceration. "The recidivism rate among our graduates is well below the national average."

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Every service offered at My Father's House is available to each of our residents. With our 24/7 staffing we are able to work closely with each resident and willing family member. Non-residents also have access to our services and programs on an invitational /appointment basis.

We have made our services known to Western and Eastern Massachusetts detox facilities, hospitals, churches, homeless shelters, halfway houses, street outreach groups and the Hampden and Hampshire county Sheriffs. 70% -80% of residents are referrals from these places while 20% are word of mouth and approximately 10% are from our outreaches to homeless in the streets of Western MA.

The 4 year renovation of our facility was done under the guidance of an architect to insure accessibility for any potential residents with physical disabilities. Our weekly outreaches target populations of all ethnic and cultural backgrounds without exception. Our doors are open to all.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

My Father's House, our residential program for the homeless, addicted and those in recovery was first opened in 2014. Our services and programs offered were initially designed based on the 12 years of experience of our Founder & President [REDACTED] working with the addicted and homeless in the city streets and shelters of Western MA, and various cities in foreign countries. He was also designing, opening and managing multiple emergency shelters in Western MA including Springfield and Amherst. Along with [REDACTED] we consulted with 2 Advisors who were well into their own recovery and working in the field with BHN (Behavioral Health Network). To further pursue which services needed by those in addiction & recovery [REDACTED] and his team visited many successful addiction recovery programs in the USA, Russia and Peru. Since our opening we have continued to adapt, grow and change policies and services primarily based on the stated or observed needs, suggestions and requirements of those whom we serve. Our weekly street outreach along daily meetings with residents in private and in groups reveal to our staff any additional services or adjustments that might be needed. Also, weekly staff meetings focus on the progress and individual needs of each resident. This allows us to address and meet any unmet need(s) on an individual basis. Based on our observations with the residents and collaboration with peer groups we adjust our operations accordingly when appropriate to our residents and our mission. We are very careful not to be over- programmed which would suggest that "one size fits all". But rather we desire to work with each resident and their family on an individual basis. We are designed to be able to adapt and make changes quickly as needed for each resident.

6. What steps has your organization taken to create a more inclusive work environment?

Because our priority population is always made up of unique individuals with various backgrounds and cultures, an inclusive work environment is a guiding principle of MFH. Our staff, many of whom were previously residents / addicted and homeless, are encouraged to be sure that everyone feels as welcome as they did when they first arrived at My Father's House. Our staff is hired for their skill set and their desire

to serve those in need. We work to support our staff and residents so that they can perform to the fullest of their abilities.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

- 1. Create or purchase a company or business that provides safe, drug free employment for our residents to utilize their skills, train and transition them into a full time occupation. Considerations are: simple manufacturing, a barbershop, coffee shop, laundromat, car detailing, etc.
- 2. Invest in extending our community reach with a downtown Palmer rental location to be used as a warming station in the winter months and a help-center year round.
- 3. Purchase a vehicle and hire a driver to transport our residents to needed appointments, shopping, etc. This would also allow us to transport non-residents to My Fathers House for counseling.
- 4. Hire a coordinator to find untapped resources and opportunities that would assist us in lowering our out-of-pocket costs. This would include an intern coordinator to attract and manage interns and volunteers.
- 5. Stabilize our anticipated income and extend our funding base to securely finance our 24/7 staff and growing operational expenses.

8. How will the funds help you achieve your goals?

This grant would allow us to:

- 1. Hire a part-time business opportunity specialist to achieve our first goal.
- 2. Have the resources to rent and staff a downtown location in order to consistently reach and serve more of those in our community who are not residents of My Father's House. This will also further diversify the population we directly serve. (as in goal #2)
- 3. Allow us to purchase a vehicle and hire a driver to accomplish goal #3.
- 4. Make it possible for us to hire a coordinator to find untapped resources including a search Interns. (as in goal #4)
- 5. Stabilize the funding for our 24/7 staff and operational expenses. Currently 95% of our income is from private donors. (goal #5)

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 MM P&L 2023.pdf

Organization's Operating Budget

 MM Budget of 2024.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	M I R A C L E M A M A S I N C
Organization EIN	92-1842738
Year Incorporated	2022
Organization Address	9 Eastwood Rd Shrewsbury, Massachusetts, 01545-5605
Are you a fiscally-sponsored project?	☒ No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 2: Central MA

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

Families pregnant women, women

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

To lead and empower mothers in recovery and to advocate for systematic change in how mothers in recovery are treated and viewed. M.I.R.A.C.L.E. (Mothers In Recovery Advocating for Change, Leadership & Empowerment) MAMAS Inc.

2. Describe the services your organization provides or the activities it engages in?

M.I.R.A.C.L.E. MAMAS INC. is a certified 501(c) nonprofit organization founded by two mothers with lived experience of substance use disorder and with the child welfare system. M.I.R.A.C.L.E MAMAS INC. offers weekly support groups located in person at our local peer recovery center and offered virtually on zoom. One group is for mothers and their allies that identify as women to come together during a time where only people who identify as women are allowed in the recovery center to create a safe trauma-informed space where women feel safe to come share about personal issues and seek support without the fear of judgement or stigma. The other group is The PAREnT (Parents in Addiction Recovery Engaging Together) Project in collaboration with the Massachusetts Organization for Addiction Recovery for parents with criminal justice and/or child welfare involvement. We offer recovery coaching services to parents in our community. We provide donations for families in need such as clothes, diapers, food, gift cards, car seats, formula and other necessities for babies and children. We can also pay (as funds are available), essential overdue bills for families that most local organizations can’t provide resources for, such as phone bills, car payments, documents (such as an ID or birth certificate), etc. We offer support for parents involved or at risk of involvement with the child welfare system. We are involved in community coalitions, task forces,

committees, working groups such as the City of Worcester Opioid Task Force and we are also part of their lived experience and prevention working groups, The District Attorney's Prevention and Support Network. In addition, we are the co-chairs of the Worcester Parents in Recovery Action group. We are members of the Parent Leaders of New England who are also working to transform the child welfare system.

Annually we participate in local recovery walks and events in our community to educate and outreach our community while advocating to end stigma associated with being a parent with substance use disorder especially pregnant women. We do a lot of advocacy work surrounding the need for more resources and support for parents in our community. We use our lived experience and voices to advocate on local and federal levels in favor of more support for parents impacted by substance use and child welfare systems. We celebrate group members' recovery milestones at our support groups as well as offer specialized events at different times of the year. We have an annual cookie swap during the holiday season where we provide low-income families with Christmas gifts for their children. Annually we hold a Mother's Day celebration to celebrate the women we work with and recognize their difficult job as mothers in recovery. We hold baby showers for low-income birthing people to help provide them with the necessities to care for their newborns. We speak at recovery focused events to share our lived experience to help educate and bring awareness to the struggles parents with substance use disorder and child welfare involvement face.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our priority population is mothers with opioid use disorder, especially pregnant women who have historically been stigmatized and marginalized by the medical and child welfare systems. Participants are largely from central Massachusetts. M.I.R.A.C.L.E. MAMAS serves one of the most vulnerable populations in the City of Worcester and surrounding towns by serving women with SUD which often is accompanied by mental health challenges and trauma. Our clients reflect the diversity of central Massachusetts; 21% of the population is of Latinx or Hispanic origin and 13% is Black or African American. The majority of our participants identify as women but it's important that all birthing people and their partners feel able to connect with us.

Our organization incorporates diversity, equity, inclusion, and belonging by aiming to assist any parent with SUD. We recognize the inequities that exist in the medical and child welfare systems regarding pregnant women with SUD especially women of color. As an organization we promote racial equity practices by acknowledging this reality and supporting parents in their recovery while preparing them to work with the Department of Children & Families. Giving parents the tools and support to work with DCF with confidence helps mitigate the fear of working with this agency. We strongly believe in the healing power of community and having a village of support and want to engage as many families as possible to grow our network of parents, families, and allies. Since the inception of our M.I.R.A.C.L.E. MAMAS support group, we have had 713 women in attendance. Since the inception of the PAREnT Project group, we have had 229 parents in attendance. We practice DEIB principles in our work every day as we know how it can feel to be marginalized and stigmatized due to our lived experience with being pregnant women with SUD.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

We offer our support groups at a local peer recovery support center where all individuals are welcome regardless of their background. Each of the groups are also offered virtually so if people don't live locally or have issues with transportation the group is still accessible. To ensure access to recovery coaching services we meet people where they are in the community and offer virtual sessions through zoom to make sure transportation is not a barrier. We created our support group as there wasn't anything similar going on in our community at the time and knew parents needed a space to receive support. We have made extensive efforts to do outreach at diverse community events, local organizations and programs in our area to educate about the services we offer and provide information to potential participants.

We have worked hard to build strong relationships with peer recovery centers throughout Massachusetts who have expressed a strong interest in offering M.I.R.A.C.L.E. MAMAS support groups for parents in their communities. We strongly believe in peer support and the value of building that peer-to-peer relationship with someone with similar lived experience is without parallel. We are working to create a network of moms and parents from all walks of life to be a village of support to all parents in recovery and seeking recovery from substance use disorder and co-occurring disorders. We want to build a peer workforce in the parent space by empowering individuals to get training in facilitation skills and recovery coaching.

Seeing as there isn't many trainings out there that specialize in working with parents with substance use disorder or child welfare systems, we would like to work on creating a parent empowerment program to assist us in training and creating said peer parent workforce. Most of our volunteers have been parents we have supported in the past.

Families of color have been historically stigmatized by the medical and child welfare systems and by recognizing these issues and working to acknowledge and advocate for reform in these settings we promote increased access to support these families. As an organization we have had training in cultural competence and ethical considerations, striving to create a culturally competent and ethical environment for staff, volunteers, and our community is something we take very seriously. We have also taken training that address unconscious bias as it is very important to address this to ensure that programs and services are equitable to all.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Our organization was created out of the need for more resources for pregnant and parenting women with substance use disorder. We created the support we were looking for when we were struggling with active addiction in pregnancy and the child welfare system. We are the voices of the people we aim to serve. We conducted a survey of the people we aim to serve and 42.4% of women surveyed have had past involvement with the child welfare system and 25.4% had current involvement. We are working on creating our board with the plan of being an all women run board. We have been very intentional in choosing the members of our board to have representation of our community and to help fill the gaps we see in our community and break down barriers to treatment and access to resources.

We are also in the process of creating an advisory committee that will have parents with lived experience with substance use disorder and involvement with the child welfare system to help ensure the voices of the people we serve inform our programs and services. Our organization co-chairs the Worcester parents in Recovery Action group that's mission is to promote policy change at all levels to reduce stigma; educate people in recovery, providers and the community; improve family reunification and stability; improve rates of sustained recovery with love and compassion; and reduce stress for parents which aligns with our mission here at M.I.R.A.C.L.E. MAMAS. We have also started to create a presence on social media that enables us to reach a broader audience outside of our local community. We will also create a plan to conduct focus groups with parents of the population we aim to serve in our community in order to hear directly from them what their needs are.

6. What steps has your organization taken to create a more inclusive work environment?

Steps our organization has taken to create a more inclusive work environment is we have taken trainings in diversity, equity, inclusion, and belonging, cultural competence, ethical considerations, unconscious bias and have incorporated those principles into our day-to-day operations by fostering awareness and promoting fair treatment. We have worked hard to create a work environment where individuals feel safe to be themselves without fear of judgment, stigma or bias. We have participated in DEI series hosted by other local recovery organizations. We are working on creating recruitment and retention strategies that promote impartiality, fairness, and justice.

Our plan to build capacity is to be able to empower parents with lived experience by training them to become facilitators and/or recovery coaches to help us serve more members of our community. The funding would help us build our parent peer work force capacity which would help us increase our capacity to serve more members of the community. The funding would also allow us to increase our physical capacity by allowing us to finalize our search for an office space which would also be utilized as a group space and drop-in center. By having our own physical location, we would be able to increase the organization's capacity of the number of families we are able to serve and how we serve them by increasing our availability as we wouldn't need to depend on utilization of other organizations space which is limited.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our first goal is to secure office space, which we have been working towards this year. We looked at different options in Central Mass and have been looking into downtown Worcester as it will be in close

proximity to where we have been conducting our groups and is easily accessible by public transportation. Securing the office space would also serve as a drop-in center and our ongoing group space, which would allow us more flexibility when we hold our groups which would help increase access. Securing this space would not only increase access but it would increase the capacity of the operations of our organization and allow us to plan a future of sustainability past the grant. Our second goal is to develop an advisory committee that includes parents with lived experience with substance use disorder and the child welfare system to help guide our program and services. Along with that it is our plan to implement focus groups for parents in recovery from substance use disorder along with child welfare involvement to also assist with giving voices to the population we aim to serve. We strive to have the communities we aim to serve's voices influence the work we are doing.

Our third goal is to expand access of our support groups to other peer recovery support center locations and be able to offer it at different times to increase access in other areas of the state. Being able to bring support groups to centers outside of Worcester would be a vital asset to the communities as we have had a lot of interest and inquiries from other peer recovery centers. Another way we could help in implementing this goal would be by training other facilitators from the peer recovery support centers and provide stipends. Although we offer meetings virtually, there is a difference in being able to have that in person connection and support and we want to be able to bring that to different areas of our community. We believe in the power of peer support and for someone to be able to choose to participate in person or virtually in different areas of the state would help us practice equity principles in our organization.

Our fourth goal is to empower parents with lived experience with substance use disorder and the child welfare system by being able to hire them as recovery coaches and provide all the necessary training and certifications to assist them in becoming a certified recovery coach. Our fifth goal is to be able to access data collection tools to improve our data collection procedures. Our goal would be to gain access to a platform like Recovery Data Platform to help us keep track of the data we have been collecting and be able to improve our data collection procedures. The Recovery Data Platform aids RCO's and Peer service providers with the tools and assessments needed to effectively implement peer recovery coaching programs and provide the organization better outcomes data and service management.

8. How will the funds help you achieve your goals?

One of our initial goals is to secure an office space that we can utilize for space to hold support groups, office to use for recovery coaching support and storage space for all of the donations we regularly receive such as diapers, baby and children's clothes, baby items such as car seats, cribs, strollers, baby swings etc. We plan on implementing an advisory committee built of parents with lived experience to guide our work in the community by listening to the voices of the people we serve.

We aim to expand our support groups to additional Peer Recovery Support Centers by training facilitators that are members of other local centers and provide a stipend for facilitating weekly groups. Doing this will increase access to individuals on a much broader scale furthering our commitment to diversity, equity and inclusion. One of the biggest goals we would utilize this funding for would be to hire a recovery coach. We have prided ourselves on providing one on one recovery coach support with volunteers and hope to expand our capacity to serve as many individuals and families as we can. We would utilize funding to empower a parent with lived experience to get necessary trainings to become a recovery coach and eventually certified to expand our ability to serve more families while enabling a parent with lived experience to help others recover from substance use disorder.

Another goal is gaining access to a platform like Recovery Data Platform. With the RDP's purpose being to aid peer service providers with the tools and assessments needed to effectively implement peer recovery coaching programs. RDP would be able to provide our organization with better outcomes data and service management which in turn would improve our data collection procedures to measure the impact our organization is having.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 M.I.R.A.C.L.E. MAMAS INC. Profit andpdf

Organization's Operating Budget

MIRACLE MAMAS BUDGET FY 24.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	NamaStay Sober
Organization EIN	47-4541989
Year Incorporated	2016
Organization Address	80 Cottage Street #1 Boston, Massachusetts, 02128
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 50000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 6: Boston area

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply). People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

The mission of NamaStay Sober (NamaStay) is to empower individuals in recovery from addiction to reconnect with their bodies and minds through yoga, fitness, meditation, and community. We meet people where they are on their recovery journeys and believe that “through connection, we can overcome addiction together.”

2. Describe the services your organization provides or the activities it engages in?

NamaStay offers a range of programs and services focused on linking populations affected by addiction to practices scientifically proven to assist in addiction recovery. We provide community and human connection, coupled with physical movement and mindfulness practices. We believe there are limitless roads to opioid recovery, and our approach is complementary to the work being done through 12-step programs and medical care. Laser focused on growth, evolution, and empowerment, we provide support at all levels on the recovery journey.

Our original program, NamaStay Sober Scholarship Program provides scholarships for individuals in recovery from addiction to yoga studios, fitness centers, and wellness spaces, fostering community and removing financial barriers for participants to gain access to necessary resources to support physical, mental, and emotional health. Scholarship recipients are paired with a dedicated NamaStay Host who attends workouts with them and provides peer support as an accountability partner. NamaStay Hosts are often former scholarship recipients within the Scholarship Program. This is a powerful connection for our scholarship recipients because it connects them to someone who has walked their path and found success in their recovery.

For example, DJ , recovering from opioid addiction, applied for and received a full-year yoga scholarship from one of our Studio Partners. He completed his scholarship in 2020 and today, he maintains his sobriety from opioids (over 5 years), continues his yoga & meditation practice, leads Community Conversations for NamaStay Sober and has a successful full-time job as a teacher.

Our Yoga for Recovery Program was recently created based on input we received from our scholarship recipients and community members with lived experiences. This program focuses on supporting individuals in achieving and maintaining long-term recovery from opioid addiction by providing weekly yoga and meditation classes at recovery centers and sober housing facilities across Massachusetts. All of our classes are led by certified instructors (80% with lived experience) and are tailored to address specific needs and challenges faced by individuals in recovery, including stress management, emotional regulation, and physical well-being. Incorporating mindful movement, breathwork, and meditation practices, participants develop greater self-awareness, and resilience—essential qualities for maintaining sobriety and enhancing overall well-being.

Lastly, our NamaStay Connected Program supports our mission to remove financial barriers to well-being for individuals in recovery from opioid addiction by offering free weekly and monthly yoga, fitness, and meditation classes. Open to those in addiction recovery and those supporting a loved one in their addiction/recovery, these classes are led by instructors with lived experience, centering participants' voices and empowering them to share their experience. Our NamaStay Connected classes spread awareness around our mission, generate community conversations, and support de-stigmatization of opioid addiction. Recovery takes a village, and making people more aware is the first step to implementing lasting change. Building and expanding our village of opioid recovery support, we aim to offer these classes at one of our over 20 studio partners across the state in the communities with the highest rates of opioid overdoses and deaths - Lynn, Revere, East Boston, Dorchester and communities surrounding Lawrence and Waltham.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our priority population is People with Lived or Living Experience with substance misuse and or recovery, and we are committed to serving all individuals regardless of their background or identity.

We've had multiple community members and scholarship recipients that were formerly incarcerated. Two stand out as incredible experiences with our programs. [REDACTED] a PWLLE heard about NamaStay Sober while incarcerated and applied for a scholarship upon release. He committed himself to his workouts and recovery and completed a full year on scholarship at a boxing gym. He is now a Namastay Sober Host welcoming new scholarship applicants to the gym, and he has spoken openly about his lived experience and recovery at our major fundraising events.

[REDACTED] a PWLLE, applied for a scholarship after being incarcerated and joined one of our Studio Partners. After 6 months of consistently being part of our program and committing to his recovery, he applied to become a trainer at the gym. He now maintains his sobriety and teaches weekly workout classes and has acquired new skills and job title to advance his future life.

A former NamaStay Host (PWLLE in opioid recovery) has shared this:

"I have changed my whole life; the atmosphere of the gym makes me strive to improve my life. This starts with staying clean and sober. I also maintain my mental health by becoming grounded each time I do a class at Everybody Fights. I work on my breathing and staying calm. This helps improve my life; I did a total 180. I got a better job, Nico and Allison helped me a lot and get me involved and make me feel welcomed. I finally feel like I belong somewhere."

100% of our population served and surveyed reported improved mental and physical health as well as improved relationships.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

We are committed to serving all individuals with dignity, respect, and cultural humility, regardless of their race, ethnicity, age, national origin, sex, gender identity, sexual orientation, disability, socio-economic status, and those from underserved communities, to name a few. Our programs are designed to be inclusive and accessible to people from all walks of life, and we strive to create an environment that

fosters healing, growth, and empowerment for everyone we serve.

NamaStay Sober was founded due to loss of a loved one to an opioid addiction, so we ensure our staff and board are reflective of the people we serve. We hire staff and enlist volunteers with lived experience, and every member of our board has been touched by addiction, over half of our board members are in recovery themselves, and many work or have involvement with the recovery community.

Our Community Outreach Manager is a leader in our organization and in long term recovery from an opioid addiction. His yoga practice and connection to a like-minded community has aided in his recovery and helped him to stay sober.

Our NamaStay Sober Hosts consist of former scholarship recipients and are an important part of our peer-to-peer mentorship model. This is a powerful connection for our scholars because it connects them to someone who has walked a similar path and found success in their recovery.

Through our robust relationships and collaboration with yoga studios, gym facilities, rehabilitation centers, sober housing, and sober community organizations, we have the capacity and the experience of engaging, linking, connecting/referring, and following up with individuals effectively. We aim to ensure individuals have timely access to necessary services such as physical and mental health providers and community support programs.

However, we are mindful of access barriers individuals might face, including transportation issues, financial constraints, and mental/emotional barriers when joining a new gym or yoga studio. To address these challenges, we work with organizations with access to public transportation and offer full scholarships or discounted memberships to their studios. We have NamaStay Sober Hosts at each studio with whom we partner to serve as a welcoming face and accountability partner for all of our new members.

Finally, we continue to involve participants and community members with lived experience in the planning and decision-making processes for our events and offerings to ensure their voices are heard and considered.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

NamaStay Sober staff gather insights from our community members through weekly surveys and live informal conversations and observations at our classes and events. Our community's feedback has a direct impact on the programs we offer and to which locations we strive to expand. We work with yoga teachers and fitness instructors who are in recovery or affected by addiction and purposely partner with studios and organizations led by people with lived experience and serving populations affected by opioid addiction.

We include representatives from the community in decision-making processes to ensure diverse perspectives are considered and utilize social media, online forums, and feedback forms on the organization's website to collect input from a wider audience.

We engage in collaborative partnerships with other organizations in the recovery space. For instance, we co-host an annual running and yoga event with the Boston Bulldogs Running Group.

We attend conferences and connect with other organizations tackling the opioid crisis. This year we participated in the Recovery Court Sessions and the Grayken Wellness Conference.

NamaStay Sober strives to establish a culture of continuous improvement where feedback is regularly sought and acted upon and all findings and results of that feedback are used to inform current and future programs and services.

Finally, the impact of free classes and studio scholarships create a ripple effect within the community. Participants in our programs and events have reported tremendous improvements in their mental health and physical health, as well as improved relationships. Many of our members give back to the recovery community by becoming NamaStay Sober Hosts, ambassadors, or volunteers, and some even become

meditation teachers, yoga instructors, or personal trainers.

6. What steps has your organization taken to create a more inclusive work environment?

The goals we have developed around Diversity, Equity, and Inclusion (DEI) include increasing diversity in hiring, improving representation in leadership positions, and fostering an inclusive workplace culture where all employees feel valued, respected, and empowered to contribute their unique perspectives and talents.

Community Engagement and Partnerships: We are committing to engaging with more diversified community organizations and advocacy groups, reflective of the communities in which they operate and using more diversified outreach materials.

Training and Development: We are working towards providing additional training and development opportunities on topics such as unconscious bias, cultural humility, inclusive leadership, and bystander intervention to help employees and leaders better understand DEI issues and contribute to a more accessible, inclusive workplace culture.

Tracking participation rates and evaluating the effectiveness of training programs are essential for assessing progress.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our top goals over the next 3 years will build on the structures already in place to:

1. Expand our Yoga for Recovery Program to reach more treatment centers and sober homes across the state, specifically to the populations most affected by the opioid epidemic.
2. Hire more meditation and yoga instructors with lived experience to fulfill our growing Yoga for Recovery program.
3. Expand the role of our Director of Community Outreach to incorporate more hours dedicated to improving our programming and connecting with potential partner organizations, treatment facilities, and engaging with the population that we are serving.
4. Streamline and improve communication for our community members through the development of a NamaStay Sober App. This will create easy up-to-date access to all our free NamaStay Connected Programs, help us to track attendance, and identify and quantify the people we are serving. It will create a way for our community to share live feedback about the programs and events they find the most helpful for their recovery.

8. How will the funds help you achieve your goals?

This funding will support an expansion of our current classes and programs to more locations, improve our current programs with more personnel support, thus increasing the amount of people we are able to serve and potentially save.

1. Partial Salary for our Director of Community Outreach, an individual in long term recovery. The role will expand to include more hours dedicated to researching and reaching out to addiction treatment facilities, collaborating with community organizations, and coordinating yoga and meditation classes for the residents and staff in recovery. (\$10,000 annually)
2. Payroll to bring 8 yoga teachers with lived experience on staff. (\$30,000 annually)
3. Development of a NamaStay Sober app to improve communication, expand our reach, gather instant feedback, spread awareness of all of our offerings and create a larger online community for individuals recovering from opioid addiction. (\$5,000 first year)

4. Partial Salary for Program Manager to oversee programs, app creation, increase data collection via surveys and assist with social media engagement to spread awareness (\$5,000 first year and increase for year 2 & 3)

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Profit Loss Statement FY 2023-24.pdf

Organization's Operating Budget



NamaStay Sober Operating Budget _pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Newmarket Business Improvement District, Homeless Back2Work Program
Organization EIN	87-4519402
Year Incorporated	2022
Organization Address	225 Southampton Street Boston, Massachusetts, 02118
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name	
Email	
Title	
Preferred Pronouns	she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 100000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 6: Boston area

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply). People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery People experiencing homelessness or housing insecurity

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

The mission of the Newmarket Business Improvement District (BID) and the Homeless Back2Work Program is to improve the quality of life for all, including the lives of those who are suffering from substance abuse disorder and/or homelessness by providing access to resources, services, and opportunities that create meaningful change.

2. Describe the services your organization provides or the activities it engages in?

Through the collective strength of our stakeholders, we are vocal advocates on behalf of industrial and commercial business vibrancy, our local residents (housed and unhoused), and our community partners. We work closely with other community groups and individuals to provide a greater quality of life for those living and working in the Newmarket area and to better serve those in need. Our mission is reflected in the activities of our main programs, highlighted below:

Homeless Back2Work Program: This program employs unhoused, sheltered, or housing insecure individuals to clean and beautify the area through landscaping, trash removal, power washing, graffiti removal and more. From participating in our program, individuals are connected to local employers and care services to aid in their sobriety and stable housing journey.

Safety & Security: In an effort to improve safety and security in the District, we contract with a security contractor to provide supplemental 24 hour security. This security service provides rapid response to all those in the area as well as escort services when requested.

Transportation: The lack of on-time public transportation and the concern that it is unsafe to walk in the Newmarket area has led us to establish an elaborate shuttle system incorporating 4 separate shuttles crisscrossing the District. These shuttles service residents, visitors, businesses, and employees of the area, including Boston Medical Center Hospital and run 19 hours per day.

Advocacy and Area Promotion: We actively work to promote the need for a better quality of life for all those in the District. This advocacy can best be exemplified through our daily meetings with public officials, our advocacy for increased and on-time public

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The Newmarket Business Improvement District's commitment to bettering the quality of life for all in the Newmarket area which is made up of parts of Roxbury, Dorchester, and the South End and means that those who live, work, and visit the area are our target population. Nearly three quarters of the population of Roxbury identify as part of the Black or Latinx community and nearly two thirds of Dorchester identify as part of the Black or Latinx community. A disproportionate number of unhoused individuals identify as a part of Black and Latinx communities and our Back2Work program is designed to work directly with underserved denizens of the streets of Boston in the Newmarket area. In all our work, we seek to address systemic barriers to quality of life improvements.

To date, the demographics of our Homeless Back2Work program participants reflect the population of homeless and addicted individuals in Boston. Throughout our program's history, we've had approximately 45% white participants, 30% who've identified as Black, 5% identified as bi-racial, and 20% who've identified as another race/ethnicity. Our work is meant to benefit all who come to us and we actively seek out people who would benefit most from our programs.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Our programs are made accessible and equitable to all by offering a multitude of ways to engage with us. We offer connections through our Back2Work program, public events to residents and employees of the District, and in working one-on-one to establish human connection beyond simply being a participant in a program.

In recent months, our goals have come to include expanding our staff and particularly seeking to hire someone with lived experience who can best reach our Back2Work program participants. The wealth of knowledge from someone with lived experience on staff would give a deeper understanding to how the BID operates and live out its mission.

We are eager to offer accessibility in how people encounter our organization. In particular we added an accessibility setting to our website which allows for our site to reach people more easily and thoughtfully. We have done work to make materials, such as our Homeless Storage program binder, accessible through the translation into several languages which aids in communicating benefits and guidelines to those who use it. For meetings held in-person, we often provide an accessible online option for those who would otherwise be unable to attend.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We have several ways to incorporate voices of those we serve and those who engage with us. Board members are local employers, residents, and business owners that have the desire to better the area and benefit from our programs and services. Committees formed from this diverse membership guides the goals of the organization. Recently some have sought a Newmarket that would build on the improvements we've worked towards in the past several months.

With the guidance of those on our board and especially from those who see the benefit of our services and programs, we have redoubled our commitment to maintaining the streets of Newmarket and to advocating for better sidewalks and lighting. We've scheduled events throughout the year to drive up community engagement, increase knowledge around changing tax bills, and celebrate the strengths of industry leaders and the thriving history of Newmarket.

6. What steps has your organization taken to create a more inclusive work environment?

The staff and leadership of the Newmarket BID is 33% male, and 67% female. The Board is 67% male, 33% female and 21% identify as people of color ranging from a multitude of backgrounds including Black, Hispanic, and Indian American.

As a third of our Board turns over each year, we have the opportunity and desire over the next 3 years to create additional diversity on our Board. We are in the process of creating the policy that will ensure that this occurs and expect to form a Board subcommittee devoted to DEIB work which will bring forward policies and procedures to the next 2024 meeting to vote to adopt and implement.

In addition, we seek to create a more inclusive workspace by inviting voices from marginalized communities and underrepresented groups to give feedback on our programs and services. Each individual has a unique perspective on what a better quality of life means for them and we are eager to give more space for needs to be lifted up and for the BID to respond.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

We work in close cooperation with the Mayor's Office and the Recovery, Shelter & Engagement Center Staff to identify and hire those individuals that would benefit most from the Program. Our goal is to bring these individuals into recovery, more stable housing, and a life of normalcy through workforce development and employment opportunities. We work with surrounding businesses to connect our participants with the chance to be hired by them in part-time or full-time positions.

The end goal of the Back2Work Program is to provide job training, relationship-building with local employers, and support before and during employment. Our model is working. We have placed over 40 individuals into long-term jobs and want to increase this capability going forward.

Short-term goals:

The most immediate needs are two-fold. The first, is to be able to bring in interested and invested individuals off our waitlist and into our program. Funding would allow us to have the capacity to increase our participant numbers and make a difference in more lives. The second immediate need is to effectively transition those participants who are ready to move out of our programs into long-term employment.

We value our participants as more than simple numbers in a spreadsheet and seek to devote time to each to address their unique needs. With funding from RIZE, the BID can build capacity and offer more support to our participants to live out our mission to better their quality of life through long-term employment.

Long-term goals:

The Newmarket BID connects with local businesses in the South End, Dorchester, and Roxbury areas which gives it a unique ability to address local hiring needs with local, talented, job seekers. Our long-term goal is to establish robust job training and encourage our participants to reenter the workforce.

By funding the Back2Work Program, RIZE will enable the Newmarket BID to have the capability to both increase the effectiveness of getting individuals into our program as well as "graduating" them to long-term work.

8. How will the funds help you achieve your goals?

The results we hope to achieve with assistance from grant funding is to expand our Back2Work program to build on its successes. It currently has 35 participants and a long waiting list of over 20 more interested individuals. Our goal is to continue the success of our graduated participants, our current participants, and to be able to grow to include more participants as they journey towards stability.

Our ability to reach even more individuals and make a positive impact needs additional funding to become possible. Our past results have been lauded by the City of Boston as we work closely with the Mayor's Office and Recovery, Shelter, & Engagement Center Staff to identify individuals most likely to be successful

in our Back2Work Program.

We have witnessed 120 individuals move though our programs and find more stable housing, take steps towards sobriety, and many have secured long-term employment with local businesses in the Newmarket area. Now, we have 30 individuals participating in our program with many on the cusp of “graduation” into long-term employment. With assistance from grant funding, we will bring participants from off our waitlist and into the Back2Work program and be able to assist those who are ready, find long-term employment.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Audit Request_RIZE.pdf

Organization's Operating Budget



DRAFT 2024 NBID B2W Budget_RIZEpdf



Wednesday, June 12, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

North Shore Health Project

Organization EIN

22-2978638

Annual Operating Budget

1,537,000

Year Incorporated

1989

Organization Address

North Shore Health Project, Inc, 33 Commercial St, second fl
Gloucester, Massachusetts, 01930

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 3: Northeast

Check the most relevant box along the continuum for your services or activities.

Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People experiencing homelessness or housing insecurity

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The North Shore Health Project offers a harm reduction model that encourages people affected by or at risk for HIV/AIDS, hepatitis C and/or substance use disorder to benefit from our support services, case management, education and advocacy efforts.

2. Describe the services your organization provides or the activities it engages in?

Clients are served at two drop-ins in Haverhill and Gloucester, and by outreach in 11 additional communities.

We offer clients free, confidential, and trauma-informed services, including testing for HIV, HCV, Syphilis, Gonorrhea, and Chlamydia, linkage to treatment, overdose response and prevention, and naloxone distribution. Our lab has been generously equipped for drug sample checking by FTIR Spectroscopy by Brandeis University.

Our distribution programs provide sterile syringes, test strips for Fentanyl and Xylazine, outdoor survival gear, sanitary supplies, clothing, food, and educational materials.

We provide tents, tarps, sleeping bags, hammocks and other outdoor supplies for our homeless or housing-insecure clients.

For HIV-positive clients, two Medical Case Managers are available to aid in access to care, insurance enrollment, benefits, and community support.

We perform all of these services free of charge and both in-house as well as through street outreach and other outreach opportunities including community Narcan trainings and other harm reduction trainings.

Our drop-ins are open 4 days a week, where clients can come in for coffee, a dry spot on a rainy day, charge their phones, collect needed supplies and have human interaction with a low-barrier professional.

It's during those times where staff find great opportunity to have a conversation with an individual to find out where they're at and to offer support in whatever they're looking for. We have a full time RN who works in both drop in locations as well as performs outreach in other communities. Our team is trained to meet people where they're at, and have all the tools they need for any situation from a simple syringe exchange or Narcan enrollment right to the point when someone is ready to try recovery, at which time we can connect them to a treatment program and provide transportation.

We have an Overdose Follow-up Specialist who works in various communities in a supportive role after an overdose is reported. She works with local law enforcement officers as well as other NSHP team mates in

offering support for individuals and families affected by recent overdose. This connects people with services they may need as well as supplies and resources.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The priority populations our organization serves are PWID and LGBTQ+ individuals, with a focus on MSM (men who have sex with men). XXX% of our clientele identify as unstably housed.

These populations are commonly considered to be the most vulnerable to contracting HIV, Hepatitis C and STIs like Gonorrhea, Chlamydia and Syphilis. We work with them to reduce barriers to care with in-house services such as safer sex and injection supplies, referrals to providers and HIV/HCV/STI testing. Our work is made harder by the difficult road many of our clients walk on a daily basis.

This is a transient community that has very little consistency in their lives. We work with clients in hopes of empowering them to make decisions that can positively affect their health, but a number of considerable barriers stand in the way of this goal, including poverty, disabilities, homelessness/housing insecurity, food insecurity and addiction. For example, we can have multiple conversations about the importance of treatment if someone tests positive for HIV or HCV, but that concern often takes a back seat to more immediate needs such as, "Where will I sleep tonight?" and, "Where is my next meal coming from?"

That instability extends to when we refer clients to other providers for care and treatment, such as an infectious disease doctor for HIV/HCV care, or a clinic for STI treatment. While we often make supported referrals to other providers, the instability in their lives often results in them becoming lost to follow up, not enrolling in care and not treating their HIV/HCV/STI, further adding to the list of unresolved and uncertain factors in their lives. Having a prescribing provider on site at our facility will help to ensure that care begins here in our offices and is not lost when they walk out the door.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

All our programming is free to everyone. While the Massachusetts Department of Public Health requires us to ask for proof of insurance for our testing services, insurance is not required to receive testing. Everything else we provide is completely cost-free to all clients. We offer pamphlets in both English and Spanish and have an on-call interpreter for Spanish speaking clients. Because we offer mobile services through the use of an outreach van, we are able to go wherever the clients need us within our catchment area in Essex County. When transportation is a barrier, we are able to communicate with clients using our outreach phone and bring them what they ask for. Our brick and mortar sites are both handicapped accessible and centrally located in Gloucester and Haverhill. We are on all social media platforms in an effort to reach as many people as possible.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Our organization strives to include voices of diverse backgrounds in our programs, both in direct service and leadership positions. Our board of directors and staff alike are representative of the populations we serve. We proudly embody the "Nothing About Us Without Us" ethos and strive to include voices of all kinds in our programming and decision making. We have made progress toward assembling a Community Advisory Board comprised of current and former clients, community members, and trusted voices. We work collaboratively with other social service agencies in our area to ensure we are abreast of any trends that may affect our clientele and share any relevant information that will help our agencies offer the best services we can to everyone.

6. What steps has your organization taken to create a more inclusive work environment?

We strive to hire diverse staff who are a reflection of our client population. We avail ourselves to DEI trainings whenever they are available and look to other local agencies for best practices. We have created a safe workplace where thoughts, ideas, concerns and questions are welcomed and considered. We

eagerly attend trainings put on by various orgs including the MA DPH, JSI and JRI in order to build on our skills. We celebrate one another! Anniversaries are important here, as are birthdays and other events worth celebrating for a staff person. We try to find joy in each others' joy whenever possible. We are a tight knit team of 11 full time staff people, and we know one another pretty well. Staff has access to administrative supervision and we encourage that open communication between staff and supervisor. Additionally, each staff person accesses clinical supervision once monthly through a contracted LMHC. Our team supports one another and works collaboratively to ensure the best care for our clients.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1) We want to build an in-house medical team to include our RN and add a Nurse Practitioner. By integrating a Nurse Practitioner (NP) into our program we will be able to provide seamless and comprehensive care. With our registered nurse (RN) currently working on site 40 hours a week, she can assess clients and have the ability to call the NP for whatever may be needed; antibiotics, hepatitis C treatment, opioid use disorder prescriptions, and set clients up with local providers. Disparities in existing medical services include but are not limited to insurance being discontinued for people living outside because of address location for Mass Health paperwork. Transportation can be difficult for many clients, and our locations are centralized in Haverhill and Gloucester, and outreach goes to where people are at to offer services. Cori and Credit reports do not allow for housing opportunities. Consumption of an unsafe drug supply is causing multiple overdoses not being reported. Participants with high health risks including wound abscesses, endocarditis, and cellulitis can overdose more easily due to these illnesses. With the Rize grant we'd be able to integrate the NP into the program to work with our harm reductionists and RN to decrease overdose deaths and support our clients by offering no-cost medical treatment. Such an integration will enable us to offer complete wrap-around services to our clients, rather than being only able to make referrals to medical support.

2) It is our intention to continue to get more communities to approve syringe exchange services in Essex County, thereby expanding our footprint all over Essex County, specifically Manchester by the Sea, Salisbury and Newburyport. 3) We are grateful for the financial and programmatic support of the MA DPH in helping us achieve our goals, but they do not fund everything we need in order to function. It's critical for our work to continue, and possible budget cuts in the HIV/AIDS are looming large over our first look at FY25. Additional funding will ensure our continuation of programming to some of the most vulnerable members of our community.

8. How will the funds help you achieve your goals?

These funds will enable us to contract with a Nurse Practitioner to be on-call for us when needed. They will also help fund additional funds to purchase necessary medical supplies we currently don't have on hand. Additional training opportunities for staff would be very beneficial as well, especially in trauma informed care. Having a Nurse Practitioner on call and on site will help us better connect clients to any immediate health care needs they may have in a seamless and continuous way. We find that when we refer clients to medical treatment there is often failure to follow up. Transportations, appointment reminders, fear are some of the barriers clients report when we follow up with them. Emergency rooms and Urgent Care facilities are very busy and the busy staff don't always have trauma-informed care training, making it difficult to empathize with people who use drugs. We are seeing a startling number of significant wounds on folks from using Xylazine and these are often people who will not access care anywhere but at a trusted harm reduction program. In the event that these wounds require more specialized care, our RN would be able to have clients sign off on pictures of wounds to be discussed with the NP offsite. For people who want to try to get off drugs, Suboxone and Buprenorphine (drugs prescribed for people who are stopping their drug use) are useful tools, but again, often not with proper follow up for various reasons. An onsite NP would have the ability to perform necessary testing to prescribe and then focus on follow up with clients in a non-threatening atmosphere. Unrestricted funding is critical to an org's financial health, and all too often grants are offered with restrictions or for specific programming goals.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



2023 Financial Statements (1).pdf

Organization's Operating Budget



FY 2024 Budget.xlsx



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

North Street Community Church of the Nazarene dba The Anchor of Hull

Organization EIN

22-2525923

Annual Operating Budget

166,000

Year Incorporated

2017

Organization Address

7 Hadassah Way
Hull, Massachusetts, 02045

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 149400.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 4: MetroWest

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People experiencing homelessness or housing insecurity

Youth

Families

Older adults

Young adults and adults impacted by substance misuse

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The Anchor of Hull provides a safe, sober, supportive environment for building community and recovery. The center is a resource to anyone who needs help, direction, guidance, or a place to come and talk. We offer access to resources and assistance to all individuals/their families throughout every stage of recovery.

2. Describe the services your organization provides or the activities it engages in?

We are a community center focused on providing free services that support wellness, offering sober activities/events, Recovery Coaching, access to resources, and assistance to all individuals and families throughout every stage of recovery.

Throughout the week we have 20 to 25 weekly gatherings depending on the time of year, including multiple daily gatherings. These meetings and gatherings include peer-support recovery meetings such as the daily "Better Days AA", sober life-skills classes, therapeutic and meditative offerings such as arts, yoga, and meditation, and more.

Monthly and seasonally, we offer family-friendly events for all ages, centered around building community and a safe place for all. These include our Community Dinner, Open Mics, Drum Circles, and seasonal events such as Trunk or Treat, S'Mores with Santa in the fall and in spring our Music Festival and Wellness Fair, in partnership with other local businesses and organizations.

The Anchor staff and volunteer leaders support individuals via recovery coaching, connection to resources and followup, and more. The Director of Recovery is an important resource in the community, supporting overdose calls alongside emergency personnel.

The Anchor also seeks to be visible at other local events, whether town hall meetings, the annual Endless Summer festival, and other events.

At the Anchor, it is important that offerings are free so that finances do not become a barrier to one's recovery. In addition, the Anchor supports many paths to recovery, as each person's journey is different from the next. The Anchor, however, believes in community and accountability as key aspects to recovery and wellness.

The Anchor additionally has a sober transitional house for men, in the building of its founding church, North Street Community Church of the Nazarene in Hingham, MA. The space, called Imago Dei, currently houses 2 men and is working toward opening up 2 more beds.

The Anchor offers "Strength for today, and hope for tomorrow."

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The Anchor was begun 7 years ago with the mission of specifically addressing the needs of individuals and families in the town of Hull and surrounding areas, those facing the impacts of substance use disorder, with a desire to come alongside people in various stages of their walk of recovery. This means that The Anchor primarily serves adults in Hull, although young adults and youth are also served, as well as family members of all ages as described by the events listed above.

The Anchor sees more than 200+ people on a weekly basis, from all walks of life, including veterans, people who have been incarcerated, people with disabilities, people from the LGBTQ+ community, BIPOC people, etc. The Anchor is open to anyone and everyone, and we strive to help everyone to feel welcome.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

All are welcome at The Anchor. We strive to make it possible for everyone to participate, advertising throughout the town, and with other local organizations.

Staff leadership regularly communicates with group and activity leaders to keep tabs on what transpires and who may need additional support or followup. The community is fostered in such a way that people look out for one another. A great example of this is when a person who uses a wheelchair began attending meetings earlier on in our tenancy in our building, but had trouble entering due to the small raised step into the main gathering area. Fellow attendees rallied together to help the individual into the room, but then made sure a ramp was built as quickly as possible.

Additionally, it is important that finances are not a barrier to individuals' recovery, so The Anchor strives to keep offerings free of charge.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The Director of Recovery and Program Director regularly check in with group and activity leaders, and are supportive of constructive feedback and needs of the people who attend gatherings at The Anchor.

In addition, a very crucial leadership group - the Community Committee - meets once every 4-6 weeks and discusses ongoing matters at The Anchor. This includes pragmatic planning and finances, as well as feedback on regular gatherings/meetings, any needs that should be addressed for individuals/groups, desires for future programming, matters connecting our work to that of the Town of Hull, etc. This group, made of 15-20 volunteer leaders who are regular attendees at The Anchor.

6. What steps has your organization taken to create a more inclusive work environment?

While The Anchor has a very small staff of 4 part-time people, the group is comprised of 2 men and 2 women, one of whom identifies as BIPOC. With respect for one another's background differences, personal lives, and areas of expertise, the staff work together toward a common mission. We are interested in learning more how to create an even more inclusive work environment, however, even though this is a small organization.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

- 1. Become a new nonprofit, focused on recovery support
- 2. Build a more robust recovery coaching program, with more recovery coaches, and financial capacity to host additional trainings throughout the year
- 3. Build a more robust database of private donors, corporate sponsorships, and funding opportunities

8. How will the funds help you achieve your goals?

- 1. Prepare us with a more solid financial foundation to plan for the future.
- 2. Be able to build staffing hours (whether current staff add hours or additional part-time recovery coaching staff may be hired)
- 3. Create donor packets to provide to prospective donors and businesses.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Anchor Budget FYE24.pdf

Organization's Operating Budget

 Anchor of Hull budget FYE25.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	African Cultural Services inc. (aka Africano Waltham)
Organization EIN	27-3145250
Year Incorporated	2013
Organization Address	p.o.Box 540325, Waltham Waltham, Massachusetts, 02451
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 4: MetroWest

Check the most relevant box along the continuum for your services or activities. Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

Youth Families Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

We use a holistic approach to lift African immigrant youth and their families to succeed in life through provision of a safe space, educational and mental health support, visual and performing arts, and cultural connections. We provide supportive services and help with access to basic needs for the whole family.

2. Describe the services your organization provides or the activities it engages in?

African Cultural Services (aka Africano Waltham) offers a variety of programs including cultural enrichment programs for youth; Community Engagement workshops on African dance, music, and crafts; supportive groups for elders and families; intergenerational programs; and family engagement. We also offer a place to gather and connect as a community. We offer our programming at no cost for those who can’t afford to pay. We collaborate with multiple other organizations such as Newton-Wellesley Hospital, Mt Auburn Hospital, Waltham Public Schools, Brandeis University, WATCH CDC, Waltham Partnership for Youth, and many more.

In response to rising needs, we have expanded programs geared toward the whole family. An example is the family of our student [REDACTED].” She originally came to us as a shy young girl and we helped her find confidence and blossom into a top student with a scholarship to a prestigious private school. Her family life came crashing down when her brother became involved in drugs and was in and out of the hospital, domestic violence entered the home, and her mother fled to Uganda. Now as a student of 20, she is

responsible for the entire family including her grandma. Unfortunately this kind of story is too common but illustrates how Africano supports an entire family on many levels and how the problems are often inter-connected.

Some of the specific programs include the following:

Support groups

Open circle for youth,

Twejjukanye senior citizen tea time (mental health support group and more)

<https://www.instagram.com/p/C3xfXphuicX/?hl=en>

UMCHI - health and wellness outreach program - Wellness coalition of local community leaders and experts <https://www.instagram.com/p/C28NJQeO6wx/?hl=en>

1-1 Counseling with Social Worker and Clinicians

All year round programming

Drop in hours (intakes and referrals as needed)

Social workers / Clinicians (mainly Fridays but by Appointment)

Your Story Matters magazine: voices from the community, more here

<https://www.africanowaltham.org/magazine>

Food Pantry

Community Performances

Afro Zumba workouts

Educational support for youth

Africa in the classroom

After school homework help and college prep

leaders of tomorrow - youth leadership group

education day event for parents

advocacy in schools for various families and tabling for presence and supporting families

Black History month - various educational activities of empowerment

Enrichment programs

Summer camp,

Saturday enrichment,

Social events: field trips, graduation party, school start, thanksgiving, xmas etc

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our organization serves African immigrants, mainly from Uganda, in Greater Boston and Middlesex County. Located in Waltham, Africano has served as the primary local African community and cultural center since 2011. We provide a variety of programming, serving approximately 800 people annually at our center, and many more out in the community. Most of the people are newly arrived in the US, and all are BIPOC and from economically disadvantaged backgrounds, and have multiple needs. The immigrant community was devastated by the COVID pandemic. We realized that to best serve our community, we needed to look at youth and family needs more holistically since needs are inter-connected and cut across whole families. According to available data from MA, Black people are much less likely than White to seek or obtain treatment after a hospital visit for substance use, especially in Greater Boston. Also, Black people are more likely to abuse multiple substances simultaneously. We see both of these things every day.

Mental health issues have affected practically everyone in our community and are closely associated with the increase in substance misuse. Over the last few years, Africano has added mental health services via social workers and counselors, support groups, formed a health leadership group, held workshops, and presented at community gatherings on many health and wellness topics. We need to expand our services to include substance abuse prevention since this is a huge need in the community. We would like to especially focus on our young people to direct them toward supportive, engaging activities and away from substance use.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its

work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

At Africano Waltham, DEI is not an aspiration, it is a way of life and our strength. As an organization founded by, and for, African immigrants, we are very close to the community that we serve and recognize the many inequities and challenges that BIPOC youth and families experience, because we have experienced them ourselves. We promote a more positive view of Africa and people of color in general so that we can dispel fear and misconceptions. We help to empower youth and help them to develop pride and self-confidence and the courage to speak up. We offer mentorship and match up the college students with the younger students so they have positive role models. We are very visible in the community with performances, fairs, and public events throughout the area. By representing and advocating for African immigrants, we feel this is a big step forward in creating meaningful social change through engagement and participation.

We are the only African-immigrant focused agency in the greater Waltham area. Our community is very private and generally distrustful of organizations that they think will not help them or give them the “run around.” We seek to strengthen the whole family through trauma-informed and culturally appropriate programs. We connect families and help to bridge divides across the generations, since most of our families are multigenerational living under one roof.

Our philosophy is that we need to reach people “where they are at.” Our services need to be available when people need them, for example evenings or weekends. We offer rides, home visits, and friendly phone calls to people needing that extra help. But also we know that it takes time to build relationships and that consistency is important. Progress can be slow to see and we take a long-term, steady view. Deep-rooted stigma makes it difficult for our community to access services. Since we are the closest to the problems through lived experience, and we have worked hard to build strong relationships over the years, we have the trust of our community and can reach this hard-to-reach population while other agencies do not.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We are a Black-led, woman and immigrant-led organization, thus we are directly accountable to, and involved with, the community we serve. We recognize the many inequities and challenges that BIPOC youth and families experience, because we have experienced them ourselves. Coming from the community gives us a unique perspective and allows us to tailor programs to the needs of the community.

The voices of the people we are serving are always present in all our programs and services. We promote a more positive view of Africa and people of color in general so that we can dispel fear and misconceptions. Listening to youth is very important in all we do and we offer many opportunities for youth to design and/or lead programming in order to empower them and help them to develop pride and self-confidence. We match up the college students with the younger students so they have positive role models. We connect youth and elders through multi-generational programming. We are also very active in reaching out to the African immigrant community via in-person meetings, workshops at our center, and serving on numerous leadership groups. We also engage via several active groups on social media/WhatsApp. Our programs are relevant and impactful to the people we are serving, because the programs come from the community, they are not “done to” the community. We emphasize engagement, participation, and representation.

6. What steps has your organization taken to create a more inclusive work environment?

Africano strives to create an inclusive environment where the voices of all community members are valued. Many times at Africano, people say “I know I can be myself here,” or “This is the first time I felt listened to, like somebody cares.” Our motto is to create a village, and this is very important to us—the contributions of each community member add to the richness and strength of the village, and where everyone is given the opportunity to share their view.

In terms of our work environment at African Cultural Services/Africano, all our staff come from the community we are serving (and about half our board members). We make a special point to involve many leaders from within the African community in our activities. This includes the faith community, local

talents and artists, business owners, medical professionals, academics/teachers, and respected elderly. We give leadership roles to African youth and elders to help to create programs that they think are most relevant to their needs. We listen and adapt programs as needed but also remain committed to respect the dignity of everyone. We are inclusive and we strive for neutrality/impartiality so that we can maintain trust always.

We would like to do culturally responsible training to work with our staff, volunteers and clients to make sure they have a place at the table. They need to value themselves and their lived experience. What they bring to the work matters, and needs to be recognized, both through listening and also through equitable pay.

We are lifting each of our staff so they can sit at the table from a position of strength.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our top four goals include the following:

Stable and well paid clinicians and social workers is something we much want to have achieved these 3 years. even if it will be a part time but we would like to confidently say for example 4-6 hours weekly for 3 years are fully paid - then hire this service in a stable way. Sooo needed.

Capacity building – Our staff will learn to be better advocates for substance prevention. Spotting warning signs, engaging with the community on substance misuse, formalizing programming directed toward substance abuse prevention and support for those needing treatment. This has been something we see all the time but we avoided deepening our focus on it though we very much new it was crucial to the whole package we have. Referrals failed because we had no time and capacity to follow the cases up so it has always been half way done in this area. But now with this, there will be structured and intentional steps to follow through as well as tracking of progress, setbacks, learn moments, evaluations etc

Current staff stabilization – Our staff members now (with exception of executive director) are part time and juggling multiple jobs. To pay our staff for regular hours will allow greater focus and quality of work and allow us to devote more time for prevention work. We would like to pay staff for services they are currently providing free for example accompanying people to doctors' appointments to ensure follow through with treatment. Many won't go to treatment unless we go with them. Working with families that have youth struggling with substances can now be worked on with proper intentional and carefully thought through plans. provide advocacy where we have notices our youth have needed so much but we could not follow through

Mandatory monthly training – staff members will be paid for their time in attending monthly training on substance issues as well as counseling and identifying resource options. Mandatory trainings with pay are going to bring excellency in our work and we look forward to this. those passionate will gain skills and what a wonderful combination this can be. Education, Education, Education - if we can invest in this, I tell you. Just look at me [REDACTED] the CEO, finally settling down and focusing on learning more in order to suport community, has brought be so much awareness, made me enter many offices with confidence - advocate for more. Now look at if our staff got trained too, the many youth and young adults in metrowest will always have someone with more knowlegde who can listen, guide, support, advocate and properly direct the people to the very needed resources.

Strengthen Internal systems – current intakes, data reporting, and other internal structures would benefit from attention to create efficiencies and alignment. We will establish deeper ties with health care providers and offer more formalized referrals.

Showing up places and supporting all way through - wow this will be a so long awaited achievement.

8. How will the funds help you achieve your goals?

Funds will work on our goals above.

Staff stabilization - support staff hours to address goals above since we are severely under-staffed. Many of our staff are providing services above and beyond what we have the capacity to pay. Since our

community is often distrustful of outsiders, our staff has the potential to play a critical role since we are already a known and trusted organization within the African community.

Training - Funds will train staff more formally on addressing substance use prevention and support for those in treatment. We currently are doing the work “instinctively” for over ten years—taking people to appointments, sitting and waiting, performing crisis interventions, counseling, and check-ins. We would obtain more formal training including treatment options, warning signs, family supports, resources, destigmatization, etc. We would be successful at this because of the trust we have already established within the community. We would create an “army of allies” who can be available to help others in the community, thereby multiplying the impact significantly. These allies would meet regularly to work on these problems collaboratively.

Pay for transportation to treatment and a supportive ally to accompany the client there.

We will offer free workshops to community members on health and wellness topics, and strengthen ties with other organizations we already work with such as Newton-Wellesley and Mt Auburn hospitals to help offer these services.

Community Connections - We would stabilize the monthly Tea Time drop-in on Sunday afternoons at Africano from 2-4. These would be facilitated by our staff and feature people sharing different personal stories or guest speakers.

Improve internal systems - We would improve and streamline internal structures. We have offers of (free) technical assistance now to help us with internal structures but don’t have enough paid staff hours to follow through. The funding would help with this problem.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 africanowaltham 2023 - StatementofA... .pdf

Organization's Operating Budget

 2024 annual operating budget african... .pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Not One More Anonymous Death Inc.,
Organization EIN	84-2138819
Year Incorporated	2019
Organization Address	12 Gage Street Lynn, Massachusetts, 01904
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 3: Northeast

Check the most relevant box along the continuum for your services or activities. Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Youth

Families Veterans Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Our mission at NOMAD is to provide harm reduction services to people who use substances, sex workers and anyone else who’s lives have been touched by the war on drugs.

NOMAD exists to educate individuals and entities about harm reduction as a life-saving measure.

2. Describe the services your organization provides or the activities it engages in?

Although NOMAD was incorporated in 2019 we did not begin to fundraise and provide services until 2022. Since 2022 NOMAD has supported harm reduction trainings with ASL interpretation services, hosted a

memorial in Lynn, MA for individuals lost. NOMAD collaborated with Remedy Alliance, For the People to package and mail out 1000 kits of Naloxone to Missouri harm reduction programs.

NOMAD has had the ability after several rounds of fundraising to purchase and distribute over 300 safer smoking kits to people who use drugs as an injection alternative. NOMAD was able to support a program that was short staffed by paying one of the program participants a week's wages to fill in outreach gaps.

As a new organization with very little operating budget we have been working to ensure that our initial activities are a reflection of what we plan to expand and offer in the future.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Although the main focus of NOMAD is and will continue to be harm reduction services for people who use any and all substances, sex workers and people effected by incarceration related to the war on drugs we checked off all the boxes. NOMAD has the understanding that although we focus on very specific subject matter, this subject matter reaches into almost every population in our area. NOMAD would be remiss to exclude any people on that list as the services planned would be open to all despite the services being specific to harm reduction.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

As NOMAD began we started with looking at our board of directors. Our board of directors has to reflect a range of individuals that can advise the organization. We have individuals on the board who identify as BIPOC, LGBTQ, former sex workers, people who use and have used drugs, people in recovery and service providers. We plan to extend this into our hiring practices by hiring from local community members who reflect our mission and the community seeking services. The mission of NOMAD will be to not turn individuals away and to meet the need of people even if their needs are outside our area of expertise.

The current executive director operates in their other role in this manner. Harm reduction because of it's flexibility and commitment to unconditional love often ends up filling in the gaps other organizations fail at. Even when these needs are outside the scope of service NOMAD as an organization will be informed of local services, will be equipped to search and refer people where they need to go and to hold outside organizations accountable for their shortcomings if they are funded to care for specific groups of people.

Should the organization grow and receive funds they will invest in language capacity among staff, their online communications, materials distributed and supplies offered.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

NOMAD started with 2 co-executive directors to balance the power. Each coming to the table with lived experience of substance use, familial substance use, recovery and sex work. Since then one of our executive directors has passed away and we will look to fill their seat once we are ready. The board was recruited and includes people with lived and living experience, former sex workers, people in recovery and individuals who have lost loved ones to overdose. The current executive director has experience running compensated consumer advisory boards and plans to reinstate this once the organization is fully operational. The participants of the program will be the driving force behind all supplies ordered and distributed, materials created, outreach locations, group curriculum and services offered. The organization will also commit to hiring individuals within the local community they serve and with lived and/or living experience of substance use, sex work and incarceration.

6. What steps has your organization taken to create a more inclusive work environment?

NOMAD has an executive director who has over 15 years experience as a harm reduction program manager and during this time has operated peer programs, hired people who use drugs, maintained long term employment of people who use drugs and do sex work. The work environment at NOMAD will be a harm reduction work environment, there will be no drug testing of employees and employees will not be

terminated for use alone. NOMAD staff will be required to understand and explain the war on drugs, racial inequities in harm reduction, medical and substance use programs, gender responsive care and all those with a criminal record or gaps in employment will be encouraged to apply. NOMAD will also accommodate individuals with a variety of literacy levels. The current executive director currently does this by offering a variety of data collection methods, time to learn about technology and the option to opt out of certain areas that individuals do not feel safe venturing into. (i.e. drawing blood, entering data on a tablet vs. paper, public speaking etc). NOMAD will recruit individuals for employment that are BIPOC, bilingual, members of the LGBTQIA+ community and people with lived/living experience of substance use, sex work and incarceration.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Year One: Utilize the initial funds to stabilize the organizations infrastructure so we are viable in the competitive grant world. NOMAD looks to pay for our bookkeeping software and hire a bookkeeper part time. Also to set aside funds for a CPA so we can ensure financial accuracy and stability as we anticipate growing as an organization. NOMAD will also be using the money to purchase the first organization insurance package so we are able to safely and legally hire employees. Utilize harm reduction consultants to establish our organizations policies and procedures and data systems. The first year of funds will also allow NOMAD to hire a part time admin employee to begin sourcing and purchase other required services like a HIPAA compliant data collection system, data security services and any tech needs. This will also give us our first employee on record which we hope to transfer onto our anticipated MDPH contract should we be awarded.

Year Two: We will continue to pay our administrative employee and utilize funds to support programming that is not allowable under restricted funds (we anticipate MDPH funding in FY2026 which is heavily restricted) such as providing cash incentives for group education sessions, paid secondary distribution efforts for the BIPOC community and a consumer advisory board. The year two funds will also continue to support our financial infrastructure by funding a part-time bookkeeper.

Year Three: By year 3 we are anticipating that all funds for infrastructure will be offloaded on other grants and we will be able to utilize the last years funding to pay for a variety of things exclusively for program participants. Such as paying for new IDs, transportation to treatment, consumer advisory board, continuing BIPOC secondary distribution efforts, incentives for group attendance and any other non-allowable expenses to support harm reduction supply distribution.

8. How will the funds help you achieve your goals?

Currently NOMAD has received all funds from fundraising. We have not been awarded any funds we have applied for as we do not have an established record. However, establishing that record of programming has proven difficult with no funds. We have not been provided with any "trust philanthropy" at this point that has allowed us to expand beyond basic supply distribution and supplementing other agencies. This funding, should we be awarded, will provide NOMAD the foundation we are seeking to become an organized, trustworthy, fiscally responsible and compliant nonprofit. This funding will always support our vision of maintaining independent harm reduction organizations in Massachusetts that are not overshadowed by large entities that are often on the brink of closing down or have succeeded in closing their harm reduction programming. Should we be successful we are hoping to be a leader in the state to offer guidance to others seeking the same freedom and autonomy that harm reduction workers and consumers deserve.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 ProfitandLoss_NOMAD.pdf

Organization's Operating Budget

 RIZE_NOMADbudgetestimate 1.xlsx



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

One Life at a Time

Organization EIN

20-8101668

Annual Operating Budget

1,000,000.00

Year Incorporated

2008

Organization Address

100 Grossman Drive, Suite 305
Braintree, Massachusetts, 02184

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
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- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

To make a positive impact on every individual that we meet by providing them with hope, tools, and a support system that encourages self-sufficiency, and reduced recidivism; to instill lasting value, and to be a partner on their journey toward self-confidence and purpose.

2. Describe the services your organization provides or the activities it engages in?

Career Counseling: Individualized counseling sessions to assess skills, interests, and goals, and to develop a personalized career plan.

Resume Writing Assistance: Workshops or one-on-one sessions to help individuals create or improve their resumes to better market their skills and experiences.

Job Search Support: Assistance with job search strategies, including identifying job opportunities, filling out applications, and preparing for interviews.

Skill Building Workshops: Workshops or classes to develop job-related skills such as computer proficiency, communication skills, and time management.

Mock Interviews: Practice interviews to help individuals gain confidence and improve their interview skills.

Networking Events: Opportunities for individuals to connect with potential employers, mentors, and other

professionals in their field.

Financial Planning and Budgeting: Guidance on managing finances, including budgeting, saving, and addressing financial challenges related to recovery.

Peer Support Groups: Support groups where individuals can connect with others who are also in recovery and share experiences, challenges, and successes related to their careers.

Continuing Education Support: Assistance with enrolling in or returning to educational programs to further career goals.

Transportation Assistance: Providing transportation vouchers or assistance to overcome barriers related to transportation access.

Mental Health and Wellness Resources: Access to mental health services and wellness resources to support overall well-being during the career transition process.

Housing Support: Referrals or assistance with finding stable housing, as housing stability is often crucial for maintaining employment and recovery.

Family and Social Support Services: Resources to help individuals navigate relationships with family and friends during the recovery and career-building process.

Follow-Up and Alumni Services: Continued support and resources for individuals after they have obtained employment, including ongoing career coaching and networking opportunities.

Advocacy and Policy Work: Advocating for policies and practices that support individuals in recovery in the workplace and broader community.

Family and Social Support Services: Resources to help individuals navigate relationships with family and friends during the recovery and career-building process.

Employer Partnerships: Building relationships with local employers to create job opportunities specifically for individuals in recovery.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our nonprofit organization is dedicated to serving a diverse population of individuals in recovery from substance use disorders, with a particular focus on LGBTQ individuals, veterans, homeless individuals, those who have been incarcerated, and Black and Indigenous people. Within these communities, we recognize the intersecting identities and unique challenges faced by each group.

For LGBTQ individuals, our services are designed to be culturally competent and inclusive, providing support for workplace discrimination, navigating LGBTQ-specific healthcare benefits, and fostering connections with affirming employers.

Veterans receive tailored career services that acknowledge their valuable military experience, helping them translate skills gained during service into civilian job qualifications. We also facilitate access to veteran-specific resources such as VA benefits and mental health services.

Homeless individuals benefit from our housing support services, transportation assistance, and job readiness training, addressing immediate needs for stable housing and overcoming barriers to accessing employment opportunities.

For those who have been incarcerated, our programs offer legal assistance, reentry support, and partnerships with employers willing to provide second-chance opportunities, empowering individuals to successfully reintegrate into society.

Additionally, we prioritize the unique experiences of Black and Indigenous people, offering culturally sensitive programming, mentorship opportunities, and advocacy for policies that address racial disparities in employment and criminal justice systems.

Our success rate of 78% in providing employment opportunities to individuals in recovery within these populations speaks to the effectiveness of our approach. By tailoring our services to the specific needs of each priority population, we ensure that our programs are accessible, relevant, and impactful for those we serve. We also see a low recidivism rate with our clients who come through our program.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

At One Life at a Time, we are committed to ensuring that our programs and services are accessible and equitable to all community members, regardless of their background, identity, or circumstances. We recognize that individuals in recovery from substance use disorders come from diverse backgrounds and face unique challenges, and it is our mission to provide inclusive support that meets their needs effectively.

One way we ensure accessibility and equity is by offering a range of services that address the various barriers individuals may encounter in their journey towards recovery and employment. Our comprehensive program includes career counseling, resume writing assistance, job search support, skill-building workshops, mock interviews, and networking events. These services are designed to accommodate different learning styles, levels of experience, and personal circumstances, making them accessible to all community members.

Additionally, we prioritize cultural competence and sensitivity in our programming to ensure that individuals from marginalized communities feel welcomed and supported. This includes offering LGBTQ-affirming services, veteran-specific resources, and tailored support for Black and Indigenous individuals who may face systemic barriers to employment. By recognizing the unique needs and experiences of each community member, we strive to create an inclusive environment where everyone feels valued and respected.

We also work to remove physical and logistical barriers that may prevent individuals from accessing our services. This includes offering flexible scheduling options, providing transportation assistance, and ensuring that our facilities are accessible to individuals with disabilities. By making our services convenient and easily accessible, we aim to reach individuals who may otherwise face barriers to participation due to factors such as transportation limitations or childcare responsibilities.

Furthermore, we actively engage with community members to solicit feedback and input on our programs and services, ensuring that they are responsive to the needs of the communities we serve. We conduct regular surveys, focus groups, and advisory committees to gather input from individuals with lived experience in recovery, as well as from community leaders, stakeholders, and partners. This collaborative approach enables us to identify gaps in services, address emerging needs, and continuously improve the accessibility and effectiveness of our programs.

In summary, our organization is committed to ensuring that all community members have equitable access to the support and resources they need to succeed in their recovery journey and find meaningful employment. By offering inclusive programming, removing barriers to participation, and actively engaging with our communities, we strive to create an environment where everyone feels supported, valued, and empowered to achieve their goals.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

At One Life at a Time, we prioritize the voices of the people we serve in shaping our programs and services. We understand that those in recovery from substance use disorders are experts in their own experiences, and their insights are invaluable in guiding the development and improvement of our initiatives.

Firstly, we actively seek feedback from individuals in recovery through various channels, including surveys, focus groups, and individual interviews. We create safe and supportive spaces for open dialogue, where participants feel comfortable sharing their perspectives, suggestions, and concerns. This feedback is carefully collected, analyzed, and incorporated into decision-making processes at all levels of our organization.

Secondly, we engage individuals with lived experience in recovery as partners and leaders within our organization. We value their expertise and insights and actively involve them in program planning, implementation, and evaluation. By providing opportunities for meaningful involvement and leadership roles, we ensure that the voices of those we serve are not only heard but also central to the work we do.

Additionally, we collaborate with community organizations, advocacy groups, and other stakeholders who work closely with individuals in recovery. Through these partnerships, we gain further insights into the needs and preferences of our target population and ensure that our programs are responsive to the broader community context.

Moreover, we regularly review and assess the impact of our programs and services to determine their effectiveness in meeting the needs of those we serve. We use outcome data, performance metrics, and qualitative feedback to evaluate program outcomes and identify areas for improvement.

In summary, at One Life at a Time, we are committed to ensuring that the voices of the people we serve are not only heard but also actively shape the programs and services we offer.

6. What steps has your organization taken to create a more inclusive work environment?

At our nonprofit organization dedicated to assisting people in recovery, creating a more inclusive work environment is a fundamental aspect of our mission and values.

To create a more inclusive work environment, we have taken several proactive steps:

Diversity and Inclusion Training: We provide comprehensive training to all staff members on topics such as unconscious bias, cultural competence, and inclusive communication. This training equips our team with the knowledge and skills needed to foster a welcoming and respectful workplace for all.

Recruitment and Hiring Practices: We actively recruit candidates from diverse backgrounds and prioritize inclusivity in our hiring processes. We strive to create job postings that appeal to a wide range of applicants and implement inclusive interview practices to ensure fair and equitable selection.

Employee Resource Groups: We support the formation of employee resource groups (ERGs) to provide a platform for staff members to connect, share experiences, and advocate for inclusivity within the organization. These groups focus on various dimensions of diversity, such as race, gender, sexual orientation, and veteran status.

Accessible Policies and Procedures: We regularly review and update our policies and procedures to ensure they are accessible and equitable for all employees. This includes policies related to accommodations, flexible work arrangements, and anti-discrimination practices.

Regular Feedback Mechanisms: We solicit feedback from staff members through surveys, focus groups, and one-on-one conversations to assess the inclusivity of our workplace culture and identify areas for improvement. We value input from all team members and take proactive steps to address concerns and implement changes accordingly.

Professional Development Opportunities: We provide professional development opportunities that promote diversity, equity, and inclusion, such as workshops, seminars, and conferences.

Community Engagement: We actively engage with the communities we serve to ensure that our organization reflects the diversity of our clients.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

As a nonprofit organization dedicated to helping people in recovery, we have ambitious goals for the next three years:

Expansion of Services: One of our primary goals is to expand the reach and impact of our services to serve a greater number of individuals in need. This expansion includes both broadening the scope of our existing programs and introducing new initiatives to address emerging needs within the recovery community. We aim to increase access to our services by establishing additional locations, partnering

with community organizations, and leveraging technology to deliver virtual support options.

Enhanced Program Effectiveness: We are committed to continuously improving the effectiveness and outcomes of our programs to better meet the needs of those we serve. This includes implementing evidence-based practices, conducting regular evaluations, and incorporating feedback from program participants. We will invest in staff training and professional development to ensure that our team is equipped with the knowledge and skills needed to deliver high-quality services. Additionally, we will leverage data analytics and performance metrics to monitor program effectiveness and identify areas for improvement.

Advocacy and Awareness: Another key goal for the next three years is to increase awareness and understanding of issues related to addiction and recovery within our community and beyond. We will advocate for policy changes and systemic reforms to address barriers to recovery and improve access to treatment and support services. This includes advocating for increased funding for addiction treatment and prevention programs, promoting policies that support harm reduction approaches, and challenging stigma and discrimination associated with substance use disorders. Additionally, we will engage in public education and outreach efforts to raise awareness about addiction as a public health issue and promote compassionate and evidence-based approaches to supporting individuals in recovery.

Sustainability and Growth: In order to achieve our long-term impact and fulfill our mission, we must ensure the sustainability and growth of our organization. This includes developing diverse funding streams, cultivating strategic partnerships, and strengthening our organizational infrastructure. We will seek out opportunities for grant funding, corporate sponsorships, and individual donations to support our programs and services. Additionally, we will explore innovative revenue-generating initiatives, such as fee-for-service offerings or social enterprise ventures, to supplement traditional fundraising efforts.

Community Engagement and Collaboration: Finally, we are committed to fostering a culture of collaboration and community engagement both internally and externally. We will prioritize collaboration with other service providers, community organizations, and stakeholders to leverage resources, share best practices, and maximize our collective impact. Internally, we will promote a culture of teamwork, transparency, and communication among staff members, volunteers, and board members.

In summary, our organization's top goals for the next three years focus on expanding our services, enhancing program effectiveness, advocating for systemic change, ensuring sustainability and growth, and fostering collaboration and community engagement. By working towards these goals, we are confident that we can continue to make a positive difference in the lives of individuals in recovery and contribute to building healthier, more resilient communities.

8. How will the funds help you achieve your goals?

The funds we receive will play a critical role in helping us achieve our goals over the next three years by providing the resources necessary to expand our services, enhance program effectiveness, advocate for systemic change, ensure sustainability and growth, and foster collaboration and community engagement.

Firstly, the funds will enable us to expand our services by supporting the hiring of additional staff, the opening of new locations, and the development of new programs to meet the evolving needs of the recovery community. This will allow us to reach a greater number of individuals in need and provide them with the support and resources necessary to achieve sustained recovery and long-term success.

Secondly, the funds will be used to enhance the effectiveness of our programs by investing in staff training and professional development, implementing evidence-based practices, and conducting regular evaluations to monitor outcomes and identify areas for improvement. This will ensure that our programs are delivering high-quality services that meet the needs of those we serve and produce meaningful results.

Thirdly, the funds will support our advocacy efforts by providing resources for public education and outreach campaigns, policy research and analysis, and grassroots organizing activities. This will enable us to raise awareness about addiction as a public health issue, advocate for policy changes and systemic reforms, and challenge stigma and discrimination associated with substance use disorders.

Overall, the funds we receive will be instrumental in helping us achieve our goals by providing the

resources necessary to expand our services, enhance program effectiveness, advocate for systemic change, ensure sustainability and growth, and foster collaboration and community engagement. With your support, we can continue to make a positive difference in the lives of individuals in recovery and contribute to building healthier, more resilient communities.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 2022-2023 OneLife Tax Form.pdf

Organization's Operating Budget

 OneLife Budget 6-2024.xlsx



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	One Shared Spirit
Organization EIN	86-2943644
Annual Operating Budget	34500.00
Year Incorporated	2021
Organization Address	103 Meetinghouse Rd. Mashpee, Massachusetts, 02649
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 5: Southeast

Check the most relevant box along the continuum for your services or activities.

Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Wampanoag Indian Tribe

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

We believe every person deserves to be safe, respected, and offered fair and equitable opportunities in life without stigma, prejudice, exclusion, isolation, disparity, or dehumanization. We provide choices that empower self-determined goals and create a partnership using compassion, lived experiences, advocacy, and a community harm reduction service.

2. Describe the services your organization provides or the activities it engages in?

Recovery support and harm reduction are resources needed to sustain life and well-being in our small town of Mashpee. We offer a partnership and connection to all of our community, including the Wampanoag tribe, whose land we share. We attend a monthly healing fire on the reservation in the warmer months and are included in the annual Pow Pow to share our services and resources. We provide Narcan, harm reduction education & supplies, wound care, recovery support, as well as Fentanyl & Xylazine test kits and testing. We are the only resource in Mashpee that offers all we do that costs nothing to our guests. We are committed to serving those who do not have the resources to successfully meet their basic needs or looking for recovery support.

We have weekly meetings that include meditation, sober events, animal therapy, nature walks, stress

management, art, music, or just a place to rest and grab a snack & juice. Drop-ins are always welcome.

We had our fundraiser at the Cape Verdean Club in May.

Transportation by public bus is stationed at the bottom of our stairs.

We are represented at the Mashpee Substance Use Taskforce after 3 years of rejection. We are members of the very supportive Barnstable County Regional Substance Use Committee and co-chair the Recovery Program sub-committee. We created a video with the PRONTO team discussing how to get more services to the tribe and how to approach in a culturally sensitive way.

Duffy Health Center comes to us weekly providing showers, resources & telemedicine for medicated assisted intakes, and onboarding with their MAT program. Health Imperatives comes monthly to provide testing and reproductive health care. Clean Slate Centers offers immediate services and guidance.

We are part of the DPH Narcan community distribution program and provide our data monthly. We are in the process of proposing weekly visits to the Council on Aging @ our senior center for group peer support as well as street outreach to those with food insecurity, no shelter, and minimal resources. Along with the Mashpee Congregational Church, we delivered 50 survival bags containing hats, gloves, warmers, socks, harm reduction kits, and toiletries for summer as well as winter months.

We were honored to be a part of the Healing Community Project and continue an ongoing relationship with Boston Medical Center.

We are invited to speak at the tribal healing fire and it is an honor and blessing we cherish.

We give hope and save lives.

It is so unfair that there is minimal assistance for those underserved in our community and we are going to persist until our voices are heard. We have encountered significant challenges in addressing stigma, promoting inclusion, and being culturally sensitive. The lack of data collection and collaboration with the tribe has been a major obstacle, as has the escalating substance misuse resulting from the opioid epidemic in Mashpee. We receive little support from the town fathers/mothers who have never known what it is like to not have food, shelter, or other needs being met.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The majority of our guests are from the Wampanoag tribal people. They have lost 11 people to substance use poisoning this year. The tribe has one recovery coach, one psychologist, and 3000 tribal members.

They are unable to get Narcan without a prescription and other resources due to the federal government's overseeing Indian Health Care. One Shared Spirit is in a neutral location providing a confidential and safe area as there is much tension and racism in our very rich community. Exclusion of the tribe is an ongoing "oversight." Tribal members rent or own homes, pay taxes, and yet are isolated and excluded. They are hardest hit by the opioid epidemic with the Cape Verdean population behind them. We are committed to healing not only this relationship but also the Cape Verdean Community who are closely interwoven with many tribal members and are historically interracial integrated.

We offer services to all people, of all ages, yet due to the disparity and gaps the Wampanoag tribe is our priority. There were 11 tribal deaths in 2023 per the tribes' annual report. The town does not have stats to share and stated through a task force meeting there was 1 opioid fatality in Mashpee. The town report claims there are 15,060 Caucasians, 359 African Americans, 63 "white Asians" and 413 Wampanoag tribal members with a comparison of the tribes' annual enrollment report at 3000 and 11 deaths attributed to substance misuse. Our community is in a sorry state, we have so much to do. We ask you with all our hope that you may guide and support our mission. With the increase of polysubstance use and adulterated drugs amidst the ever-growing supply we desperately need the services and support Mashpee is not willing to give us.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Our board of directors consists of 7 people. Three of our members are Wampanoag tribal members, one is Cape Verdean, two white males, one disabled female, and one disabled male representing the community of those physically challenged, actively using and without shelter. The rest of us are in long-term recovery. When we are invited to an event, tribal, Cape Verdean, or community, we show up. Our presence allows us to hear and see what is needed directly from the people. We make sure we connect, walk our talk, seek and share cultural education, and are genuinely compassionate to our brothers and sisters on this crazy

ride called life.

Building trust and deepening relationships has been happening for years on our part. We are at a critical point as hostages in the opioid epidemic and there is one volunteer able to provide the services we offer. Participating in thoughtful discussions and sharing each other's stories and differences is an honor and a gift to be cherished. A tradition we have shared for 4 years. We attend all cultural events we are invited to. We welcome all beings. We reach out to people in the community and have conversations about health, needs, and concerns. We speak up and advocate when discussions are not mindful or respectful. We will transport people to appointments, help with applications (job applications, treatment, disability resources,) and provide a computer for guest use.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We do outreach. Homeless camps, hangouts, construction sites, fishing sites, community events, beaches, schools, senior center, and media. onesharedspiritrecovery.org is our website, One Shared Spirit is our Facebook page and we communicate and network with 400-plus individuals and recovery communities.

Mostly, we ask, we listen and advocate.

During the month of May, we distributed 20 fentanyl tests, 20 Xylazine tests, 25 safe kits (needles, sharps boxes, collected 145 needles to return to the Aids Support group, 25 meals, 44 Narcan doses, and 21 individual recovery services. All Wampanoag.

6. What steps has your organization taken to create a more inclusive work environment?

Our board, staff, and guests weave a tapestry of cultural experiences, discussions, advocacy, and cultural sensitivity. We had a ramp installed and welcome those who can not mobilize to our sanctuary. We advocate for those with mental health challenges as well as substance use. We create an inclusive environment by listening to the community stories shared, attending cultural events, and continuously learning about each other while maintaining well-being. We offer a safe, loving, and confidential environment to talk about any subject presented for thoughtful discussion. One of our members frequents the local campsites sights to find out if people have food and water or any other needs. Providing clean supplies and a sharps container to dispose of used needles which we return to the Aids Support Group. Our phone is on 24/7 for anyone seeking support or products. We refuse no one and will make every effort to overcome any obstacles to their well-being.

We let people know we care about them no matter what their story is. Letting people know we see their pain/suffering and that we are there for them because we've been there too. We are sincere and committed.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Create a common bond within our community to end stigma, disparity, and racism, attempting to find resources or try to fill the many gaps in services offered to those with mental health challenges, medical treatment, and substance use. This includes advocacy when medical attention is needed because many underserved people with addiction are treated so poorly at every hospital on Cape Cod that they will wait until it is life-threatening.

2. Provide Narcan, and harm reduction services in a no-judgment zone. And working hard to educate and provide harm reduction to all public establishments including recreational areas and the community but not meeting our potential due to a lack of staff.

3. Provide a respite for those seeking to heal and create a community that is loving, accepting, transparent, and accountable.

4. Building a recovery community where we are all part of decision-making and on an equal playing field honoring the value each individual brings to the table.

5. Investigating and implementing all possibilities that would improve access to treatment for substance users, providing necessities for, food, shelter, medical treatment, and mental health support through networking with other agencies and funding set in our budget to provide what is lacking in our community. This would include staff training and workshops addressing our concerns in hopes of community participation.

8. How will the funds help you achieve your goals?

Achieving our goals requires knowledgeable staff trained to provide SAMHSA-approved, evidence-based practices to provide peer support services. We would hire peer support staff with lived experience of problematic substance use with a trauma-informed approach. Our staff would include one person knowledgeable in basic office skills that would require keeping an inventory and submitting monthly stats to DPH and grant providers.

The program director will be able to multitask, problem solve, make sure monthly/ annual requirements are met, and be responsible for developing activities that enhance healing, health, connection, and well-being. To provide non-clinical services such as harm reduction education, Narcan distribution, and support in any capacity we are capable of.

Funding would enable us to provide the staff needed to reach our goals. A safe place to heal is more than a necessity. It is a space where we recognize each other's pain and learn to take care of ourselves and each other. Funding would allow us to move to a site where we could offer meals, space to hold inventory, support activities, and educational opportunities

Our goal is to end stigma and disparities and to reduce the fatalities from accidental poisoning. To accomplish this we need staffing.

We need a physical structure to provide a home base for our holistic programs, community meals, and inventory.

We need 2 people for outreach. One reason is we are starting on uncharted waters. Our community at large has never provided what we do and we do it at no cost. The next reason is safety. Camps and people can be dangerous, 2 people have each other's backs and double the provisions of service.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 2023TAXANDAGFILINGS.pdf

Organization's Operating Budget

 ExpensereporttoMashpee2024.pdf



Wednesday, June 12, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Out For Good Behavioral Services, Inc.

Organization EIN

87-4224723

Annual Operating Budget

\$94,060

Year Incorporated

2022

Organization Address

2 Granite Ave, Suite 260
Milton, Massachusetts, 02186

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 50000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 6: Boston area

Check the most relevant box along the continuum for your services or activities.

Treatment

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

Black, Indigenous, and other People of Color (BIPOC)

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The mission of Out For Good Behavioral Services, Inc. is to help integrate Adults and Adolescents who struggle with substance abuse and Mental Health who and were formerly incarcerated. We work to assist those formerly incarcerated back into the community by providing necessary tools, supports and resources for their success.

2. Describe the services your organization provides or the activities it engages in?

Out for Good Behavioral services, Inc. provides mental, behavioral and substance abuse services for higher-risk individuals. Our program provides professional, careful and accurate assessment of the individual's ability to return to and be a productive member of society, while allowing participants to maintain a sense of identity, self-esteem and dignity. We utilize seven dynamic factors that will be addressed during the behavioral health assessment and treatment process, they include.

Our work in the community:

Out For Good Behavioral Services, Inc. has been a 501(c)(3) since January 16, 2022. Since we have been operational, we have had success with providing a 10-week curriculum driven evidenced-based substance use disorder support group for individuals suffering from substance use disorders in The Greater Boston area, specifically targeting returning citizens in Boston and the Mass and Cass population in Boston.

Beginning April 21, 2023, we began providing an 8-week curriculum driven evidenced-based reentry group at The Suffolk County House of Corrections in Boston. We are now on our 6th cycle of this group and are looking to continue providing services to those reentering back into the community. In August of 2023 to provide additional reentry support we have added a 4-week evidenced-based post-incarceration workshop for our members that are returning to the community.

Beginning May 21, 2024, we began providing an 8-week curriculum driven evidenced-based reentry group at The Department of Youth Services in Boston. We are on our First cycle of this group and are looking to continue providing services to youth reentering back into the community.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Out For Good Behavioral Services, Inc. provides services to individuals who have used various substances, including alcohol, prescription medications, illicit drugs (e.g., heroin, cocaine), or other addictive substances. The extent of substance use can vary widely, from occasional use to long-term dependency.

People with lived experience in substance use disorders (SUDs) are individuals who have personally experienced substance misuse and its associated challenges. Their insights are invaluable in various fields, including healthcare, social services, policy-making, and community support, as they provide a firsthand understanding of the complexities and nuances of addiction.

We also assist Individuals who are currently or formerly incarcerated with a substance use disorder (SUD) they represent a particularly vulnerable and complex population. Their experiences highlight the intersection of substance misuse, criminal justice involvement, and the challenges of reentry into society.

Patients treated for substance use disorders at Out For Good Behavioral Services Inc. in 2023

Adults (18+ years):

118 Males and 65 Females in 2023

Race/Ethnicity:

73% Individuals of Color (black, Hispanic)

27% White

Types of Substances:

Alcohol Use Disorder: 71%

Illicit Drug Use Disorder: 29%

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Regular Assessments: At OFGBS we conduct regular community needs assessments to understand the specific needs and challenges faced by different segments in the community.

Cultural Competence: Our programs are culturally competent and sensitive to the diverse backgrounds of our community members.

Accessible Locations: At OFGBS we ensure that physical locations are accessible to people with disabilities, including ramps, elevators, and accessible restrooms.

Staff Training: At OFGBS we provide ongoing training for staff on cultural competence, implicit bias, and equitable service delivery.

Community Partnerships: At OFGBS we partner with local organizations, including those that represent marginalized communities, to enhance service delivery and outreach.

Sliding Scale Fees: At OFGBS we offer sliding scale fees based on income to make services affordable for low-income individuals and families.

Free Services: At OFGBS we provide certain essential services for free to ensure that cost is not a barrier to access substance use disorder services.

Data Collection: At OFGBS we collect and analyze data on service utilization by different demographic groups to identify gaps and disparities.

Community Outreach: At OFGBS we conduct targeted outreach to underserved and hard-to-reach

populations to raise awareness of available services.

Advocacy: At OFGBS we advocate for policies at the local, state, and federal levels that promote equity and address systemic barriers to access substance use disorder services.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

At OFGBS we will

Conduct regular surveys and questionnaires to gather feedback from clients about their experiences and needs.

Organize focus groups with a diverse range of service users to discuss their experiences and suggestions in depth.

Place suggestion boxes in accessible locations for clients to anonymously provide feedback at any time.

Hold regular meetings with the advisory board to discuss current services, potential improvements, and new initiatives.

Host community meetings and open forums where clients and community members can voice their opinions and concerns.

Launch pilot programs and solicit feedback from participants to refine and improve services before broader implementation.

Offer training programs that empower clients to advocate for themselves and others, ensuring their voices are heard.

Provide leadership opportunities within the organization for clients who want to take a more active role in shaping services.

Provide regular updates to clients about new initiatives, changes to programs, and outcomes of their feedback.

By implementing these strategies, our organization can ensure that the voices of the people we serve play a central role in shaping programs and services. This approach not only enhances service effectiveness but also fosters a sense of ownership and empowerment among our clients.

6. What steps has your organization taken to create a more inclusive work environment?

At OFGBS, we recognize the importance of Diversity, Equity, and Inclusion (DEI) as foundational principles that guide our work and shape our organizational culture. We have developed specific goals around DEI to ensure that our practices, policies, and programs are reflective of our commitment to fostering a diverse, equitable, and inclusive environment. Diversity Representation, Equitable Access to Opportunities, Inclusive Organizational Culture, Culturally Responsive Programming, Community Engagement & Partnerships are the five components, that we use to develop & implement our organizational goals around (DEI).

OFGBS is committed to fostering a diverse and inclusive workplace where every employee feels valued and empowered. To achieve this, we have implemented a comprehensive diversity and inclusion strategy that includes regular training on unconscious bias, establishing employee resource groups, and reviewing our hiring practices to ensure equity. Additionally, we have created a Diversity and Inclusion Committee that meets regularly to discuss progress and new initiatives. We believe that by embracing diversity, we can drive innovation and create a more dynamic and supportive work environment for all."

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Expand Service Reach

Objective: Increase the geographic reach and accessibility of our substance use disorder (SUD) treatment program.

2. Enhance Program Quality and Outcomes

Objective: Improve the effectiveness and quality of our treatment program to ensure better patient outcomes.

3. Strengthen Community Engagement and Awareness

Objective: Raise awareness about substance use disorders and our treatment services within the community.

4. Increase Financial Sustainability

Objective: Ensure the long-term financial health and sustainability of the organization.

5. Foster Inclusive and Supportive Workplace Culture

Objective: Create an inclusive, supportive, and empowering work environment for all employees.

Year 1:

Begin site selection and initial setup for new treatment centers.

Launch the first phase of the telehealth expansion.

Conduct a financial audit to identify areas for cost savings and potential revenue opportunities.

Roll out the first round of DEI training.

Year 2:

Open the first new treatment center and expand telehealth services.

Implement advanced staff training programs and start monitoring treatment outcomes more closely.

Organize community events and workshops, and enhance public education efforts.

Host the first major fundraising event and apply for new grants.

Launch a second round of DEI initiatives based on employee feedback.

Year 3:

Complete the opening of all new treatment centers and fully integrate telehealth services.

Analyze data from quality assurance programs and make necessary adjustments.

Strengthen community ties through ongoing events and collaborative projects.

Secure new funding sources and ensure a stable financial outlook.

Review DEI progress and set new goals for continued workplace improvements.

By setting these goals and implementing the corresponding strategies, our organization aims to significantly impact the community, improve the lives of individuals struggling with substance use disorders, and ensure long-term sustainability and growth.

8. How will the funds help you achieve your goals?

1) Enhanced Access: Expand our reach and provide more flexible treatment options.

Increase accessibility to treatment services, particularly in underserved areas.

2) Telehealth Services: Invest in technology infrastructure, software, and training for staff.

Provide flexible and convenient options for patients through telehealth.

3) Community Partnerships: Support outreach activities, community events, and collaboration efforts with local organizations.

4) DEI Training: Conduct comprehensive diversity, equity, and inclusion training programs.

Build a more inclusive and supportive workplace, enhancing employee satisfaction and retention.

5) Public Education Campaigns: Develop and distribute educational materials, run advertisements, and conduct workshops.

Raise awareness about substance use disorders and available treatments.

6) Collaborations: Fund collaborative projects with schools, businesses, and community groups.

Promote prevention and early intervention, reducing the incidence of substance use disorders.

Strengthen local networks to enhance referral and support systems.



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

PAACA - Positive Action Against Chemical Addiction, Inc.

Organization EIN

04-2791362

Year Incorporated

1983

Organization Address

360 Coggeshall Street
New Bedford, Massachusetts, 02746

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]

Title

[REDACTED]

Preferred Pronouns

he/him/his

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 5: Southeast

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Youth

Older adults

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

PAACA is a consumer driven non-profit recovery community center providing recovery support services to all without regard to income or insurance status in Greater New Bedford since 1983. PAACA offers people struggling with addiction/mental health and their families a broad range of support, prevention, harm reduction, advocacy, housing, and employment.

2. Describe the services your organization provides or the activities it engages in?

For 40 years, PAACA has served its clients holistically by providing comprehensive wrap-around services addressing life's biological, psychological, social, spiritual, and economic aspects. PAACA operates several enterprises to support its clients, including recovery support services, youth development, job training and employment, food/ clothing distribution, transportation, and housing services. PAACA prides itself on its links to the community and its history of successful collaboration with grassroots, community-based agencies.

PAACA is a multi-service agency that employs 50+ people in various capacities. The organization provides adult services, including permanent supportive housing, wellness promotion, and recovery support services. The facility at 360 Coggeshall Street is open 365 days per year to meet the needs of its consumers, as well as mutual aid programs such as 12-step programs, mental health support groups, all paths to recovery, and other life skills programming. The agency operates several enterprises that provide people in recovery with food security, clothing/housewares, transportation, and Common Ground Food Services (culinary services). Common Ground employs people in recovery, provides food services to local recovery programs, and operates a cafe in downtown New Bedford. PAACA's second location is the RISE Recovery Support Center (funded by the Massachusetts Department of Public Health Bureau of Substance Addiction Services) in the city's north end.

In 1996, a group of community stakeholders established the Homeless Providers Network, an organization dedicated to working with homeless providers to create better options for people experiencing homelessness. Carl Alves, PAACA's Executive Director, was one of the organization's charter members. Since then, the network has grown, serving thousands of individuals and families to overcome homelessness. PAACA was the first agency in New Bedford to secure funding for Permanent Supportive Housing from HUD. Now more than ever, housing is a significant focus of PAACA's current work plan. The agency continues to add housing units to meet the ever-increasing need for permanent supportive housing. Currently, PAACA operates approximately 70 beds of scattered site housing.

PAACA also has a robust youth services division that supports young people impacted by substance use and mental health conditions. PAACA's youth program called INSIGHT and Southcoast Youth Courts provides youth development and court diversion programming for school-aged youth with funding from various state and federal funding sources.

PAACA facilitates the Southcoast Reentry Collaborative, a network of providers assisting returning citizens with housing, employment, and basic needs to strengthen their transition back into the community from incarceration. Recently, PAACA received funding to expand its housing programs through a grant from the Department of Corrections and EOHLIC.

Most recently, PAACA has entered a partnership with Seven Hills and the Inter-Church Council to expand harm reduction services to people actively using drugs. PAACA actively deploys a street outreach team to assist individuals who actively use drugs with harm reduction materials and support.

All services have evolved from and are operated by great people with lived experience.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our priority population is people seeking help addressing dependence and addiction to substances and/or unresolved mental health conditions. PAACA serves everyone who walks through our door regardless of their background, ability to pay, or insurance status. We are focused on meeting people wherever they are with care, compassion, and options. We are not a clinical facility, but we assist hundreds of people each year with access to treatment and multiple pathways to recovery.

Sadly, addiction and mental health conditions impact all sectors of the community, so PAACA has always served a very diverse group of consumers. The population we serve is most often poor, homeless, or at risk of homelessness, with a minimal support system. We primarily serve individuals but also support families and loved ones of the person of concern. Our diverse staff represents all the "boxes" checked. Specifically, we have programming that caters to the LGBTQ+, BIPOC, Returning Citizens, non-English speaking, and Youth populations. Most recently, we have developed programming supporting elderly people, one of the fastest-growing demographics in our area.

PAACA has evolved over the years because the people we serve become those who serve. Service and collaboration are at the core of who we are. We believe that our life experience provides us a unique opportunity to help improve the lives of people in need.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

We aim to increase our ability to meet the needs of people of diverse cultural, religious, racial, and linguistic backgrounds, disability status, socioeconomic status, gender, and sexual orientation. Culture and language influence how people approach and understand health—one size does not fit all.

The diversity of the population PAACA serves is constantly changing. With increasing diversity comes the need to make our services more accessible to different cultures, health beliefs, and expectations. We are committed to continuous quality improvements to ensure that PAACA's services are culturally and linguistically appropriate beyond Federal and State mandates.

PAACA is committed to advancing organizational capacity that promotes CLAS and health equity through policy, practices, and allocated resources. PAACA continues to recruit, promote, and support a culturally and linguistically diverse environment. PAACA meets regularly with staff to review diversity policy and practice and to provide training on various related issues.

PAACA offers language assistance in Portuguese and Spanish and utilizes other community resources, such as the Community Health Center, to address other languages. Brochures and other materials are provided in Portuguese and Spanish.

Our team meets regularly with consumers to determine unmet needs and work collaboratively with the people we serve to add and adjust services to serve our ever-changing population better. Our team also participates in regular training and communication with outside organizations to continuously reflect on our cultural relevance and ability to serve diverse populations.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

As mentioned previously, our team comprises people who were once served by the organization or have lived experience, and that is what we mean by PAACA being a consumer-driven organization. Our entire staff has had some lived experience with our mission, so all our services and programs are the direct result of consumer voices turning lived experiences into solutions.

6. What steps has your organization taken to create a more inclusive work environment?

PAACA is recognized by the state's Supplier Diversity Office as W/NPO, our board and staff is majority minority/women. We take our diversity very seriously and work diligently to remain cognizant of who we are and what we want to be. Our team works closely with wonderful state training team for CAPRSS certification which prioritizes creating a diverse culture. Our leadership regularly discusses multiple times a year, how we can be more inclusive and equitable with the people we serve and the community at large. The organizations hosts 2 conferences a year that always include outside speakers and experts on DEI related issues.

Historically, many of the people that seek PAACA's services have been on the outside looking in because of our histories, so we are always questioning our inclusiveness. We also recognize that our members tend to resist change and embrace safety, which tends to create barriers that limit inclusion, which is counter to our mission but is human nature. So, because of that sensitivity, our team is very self-reflective and self-aware always working to be more inclusive, understanding that effective DEI policy is an ongoing journey not a destination. We get better one day at a time, everyday.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

PAACA's primary goals for growth over the next 3 years are 1. Expand housing options for the people we serve who are in need. 2. Broaden our reach into the community by increasing our diversity and collective impact, and 3. Strengthen our team and community's ability to meet changing demands through expanded education, training, and experiential opportunities.

1. PAACA is positioning itself to expand the number of housing units it manages. Over the past two years, PAACA has added staffing and built relationships to create the infrastructure needed to expand the housing program successfully. The future includes more partnerships with developers and related

organizations to expand real estate opportunities. PAACA is working with residents of these units to be good neighbors and to build a more united and collaborative "community of recovery." This means educating people about their rights and responsibilities as community members and preparing them for property ownership and independence.

2. Increasing engagement with community and collective impact is critical to our future. We seek to continue being a leader by bringing diverse groups together to solve problems and build community. We believe civic participation in all aspects of the larger community will reduce stigma through understanding. We believe being present in the community at all levels will unlock new opportunities for the people we serve.

3. To be present in and valued by the community, our team and constituents must expand their capacity through knowledge and skill building. PAACA will continue to promote opportunities for growth in 21st-century skills, community engagement, and experiential learning. PAACA will continue to foster lifelong learners.

8. How will the funds help you achieve your goals?

The beauty of this funding opportunity is that it allows us to think aspirationally, and we believe that an investment in a person(s) to help increase engagement with the community would be the best use of this opportunity.

An investment in a Community Engagement Coordinator would create a unique asset that does not presently exist within PAACA. This person(s) would activate new opportunities to advance recovery support while helping reduce community stigma. The position would provide an opportunity to expand our reach into the community, foster partnerships and build educational opportunities. Ideally this position would elevate a person(s) from an under-served population enhancing PAACA's ability to reach non-English speaking consumers.

The Community Engagement Coordinator (CEC) would be charged (in collaboration with the PAACA team) with developing a work plan that would reach areas/sectors of the community that we are presently not reaching. They would assist with developing community programming, partnerships and educational opportunities that would strengthen our members, staff and community. The work of the CEC would focus primarily on goals 2(Community Engagement) and 3(Professional Development/Skill Building) but would most likely have a positive impact on goal 1 (Housing).

We believe this type of capacity building would be good for the entire agency so PAACA would leverage this funding with other funding sources to make an even more significant impact.

A detailed work plan and associated outcomes would be developed and monitored to demonstrate effectiveness and provide opportunities to improve through lessons learned. All departments within the organization would support the CEC, which would be a management-level position.

Our traditional funding sources do not commonly fund a position like this, so we believe it will significantly impact agency-wide and lead to improved outcomes, increased capacity, and a brighter future.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 1. Audit Reports - FYE 6 30 2023 -PAA... .pdf

Organization's Operating Budget

 Operational Budget FY24.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization Police Assisted Addiction and Recovery Initiative Inc.

Organization EIN 47-4235159

Year Incorporated 2015

Organization Address 12 Broadway
Beverly, Massachusetts, 01915

Are you a fiscally-sponsored project?

Primary Contact Full Name

Primary Contact Email

Primary Contact Title

Primary Contact Preferred Pronouns

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Statewide

Check the most relevant box along the continuum for your services or activities. Treatment

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Youth

Families Veterans Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

PAARI’s mission is to: (1) support law enforcement agencies in designing and implementing non-arrest addiction referral programs; (2) foster dialogue to address the opioid crisis, remove stigma, and elevate addiction as a disease not a crime; and (3) increase access to lifesaving resources and promote non-arrest pathways to treatment & recovery.

2. Describe the services your organization provides or the activities it engages in?

PAARI provides outreach, training, and resources for law enforcement to initiate non-arrest pathways into treatment. With 700 police agencies in our network and thousands on the front lines of the opioid crisis,

PAARI provides training to ensure compassionate and effective engagement with those suffering from opioid use disorder (OUD). PAARI encourages alternative models to traditional arrest practices to support treatment in lieu of incarcerating or over-utilizing emergency services.

Committed to convening and supporting partnerships, PAARI is making a significant impact on the Opioid crisis. In fact, our work is validated by the CDC in its recent release of provisional drug overdose death counts. The 2023 data revealed a 3.1% decrease in overdose deaths nationwide; and, in states with more PAARI initiatives, that number increased. Maine's data showed a 15.86% decrease and Massachusetts had a decrease of 11.41%. Collectively, PAARI has 197 partnerships in these states. Given this encouraging data, PAARI remains devoted to expanding programming to prevent OUD through its:

AmeriCorps VISTA Program:

PAARI hosts a Recovery Corps cohort with 20-40 AmeriCorps volunteers/Vista that serve alongside police to expand access to treatment and recovery. Vistas are embedded in police departments to build and strengthen programs and community partnerships to reduce overdose deaths. With PAARI's in-kind contributions, the program will increase access to care for approximately 4,000 individuals.

Councils:

Recognizing that guidance from those closest to the crisis is critical, PAARI formed a Public Safety Council and a Lived Experience Council. Through surveys and meetings, the councils provide feedback on ideas and projects, empowering them to be collaborative, influential partners.

Education/Engagement/Webinars:

PAARI offers three monthly webinars addressing:

- PAARI 101: Introduction to PAARI's services, review of deflection and diversion pathways.
- Opioid Settlement Funds Office Hours: An overview of opioid settlement funds and guidance on how to advocate for funding.
- PAARI Partner Spotlight: Highlights promising programs that assist those with SUDs, mental illness, housing, and social issues.

Harm Reduction Strategy:

PAARI provides naloxone training at worksites in Massachusetts and distributed 3,076 doses of Naloxone.

To advance harm reduction and address emerging threats, PAARI partnered with Brandeis University to conduct research and create resources for police to: (1) face emerging threats of Xylazine, a horse tranquilizer contaminating the drug supply; and (2) evaluate the effectiveness of fentanyl test strips (FTS) as a referral into treatment. The project engaged 27 departments, distributed 2,876 FTS, and provided 4,021 direct services/referrals.

National Summit:

PAARI hosts a summit to engage police, public health, and persons in recovery in education and training on deflection/diversion. Last December, 300 participants attended.

Plymouth County HUB:

PAARI oversees Plymouth County Hub, the nation's first county-wide Hub. The Hub uses a multi-disciplinary team approach for community organizations to assist at-risk individuals and families. The Hub hosts meetings between first responders, community health, housing, courts, and family services to uplift deflection/diversion and reduce 911 calls/ED visits. In 2023, it included 78 police departments, 1 university police department and over 100 community providers and ministered 380 situations connecting 79% to services.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Since its inception, PAARI has been working with law enforcement agencies to create non-arrest OUD/SUD referral programs. These programs prevent and reduce overdose deaths and increase access to treatment and recovery to help those suffering with opioid use disorder. PAARI's priority population is law enforcement, public safety, and public health agencies in rural and underserved communities to ensure that every community member suffering from addiction has access to treatment and recovery. PAARI's

current network includes 700 police and public safety partners across 45 states. PAARI strategically engages with law enforcement, public safety, and public health agencies in areas with greatest needs and where overdose deaths are highest. In Massachusetts alone, PAARI has partnerships with 162 law enforcement agencies upholding deflection programs and providing lifesaving services. In its pursuit to end the opioid crisis and save lives, PAARI will expand partnerships in rural and underserved communities across the State to reduce and prevent overdose deaths.

According to the Massachusetts Department of Public Health, there were 2,125 confirmed opioid-related deaths in 2023, just 232 fewer than the State's prior year which witnessed a record high of 2,357 fatal opioid-related overdoses. Although the data is slightly encouraging, with opioid-related deaths decreasing by 10 percent, Massachusettsans lost a total of 4,482 community members to the opioid crisis in a 24-month period alone. MDPH also reported that the state's most rural areas continue to experience record high opioid related overdose deaths at a rate of 35.6 per 100,000 residents compared to less rural areas.

A study evaluating Massachusetts agencies that implemented a post-overdose outreach program discovered a 6% reduction in the annual fatal overdose rate for each year of the program compared to communities without such initiatives.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

PAARI's core values guide its deflection and diversion programs to ensure all individuals receive fair and just treatment, especially those suffering from addiction. Accelerating a response to our Nation's Opioid Crisis, PAARI developed collaborative partnerships with law enforcement agencies to inspire change and create alternative models to traditional arrest practices. Reinforcing nonarrest pathways to treatment and recovery, we eliminate barriers and broaden access to treatment for more individuals and divert people away from the criminal justice system.

By fostering partnerships with a common belief that addiction is a disease not a crime, PAARI is removing the stigma associated with addiction and advancing training to encourage effective engagement and compassionate care for those suffering from OUD.

PAARI ensures its programs are accessible and equitable by: (1) learning from those with lived experience through our Lived Experience Council (LEC). The LEC meets monthly to provide engagement strategies and influence decision-making on PAARI projects; (2) educating law enforcement, public safety agencies and community partners through monthly Webinars (PAARI 101 and Partner Spotlight Series, Opioid Settlement Funds Office Hours), social media (Blog/Press Releases) and the Plymouth County Hub; (3) facilitating capacity development for deflection/diversion programs and extending outreach to increase a police departments capacity to provide treatment and recovery; (4) collaborating with community partners to remove barriers for individuals suffering with OUD. PAARI develops strong partnerships with public health, medical providers, addiction and peer services, and other community based organizations to increase community buy-in for deflection and diversion programs; (5) inspiring compassion through DEI training of current staff, incorporating Roll Call Videos (sensitivity training) since law enforcement officers are often the initial responder to overdose calls, it is imperative for them to uphold a destigmatized perspective to elevate engagement ; and, (6) developing promising practices to strengthen community response and ensure the highest levels of support to treatment and recovery.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Through the summation of PAARI's councils, webinars, surveys and social media, PAARI ensures the voices of the people influence and guide our programs, practices, and services. Debuting in 2023, PAARI's Lived Experience Council and Public Safety Council oversee projects and practices with the premise that those closest to the problem sometimes have the best solutions.

The Lived Experience Council: comprised of 58 individuals with either lived experience with substance use disorder or who have lost a family member to the disease. Guided by their unique first-hand experiences, the council helps shape the framework of multifaceted programs through a compassionate lens. The

council is led by our board member Stephen Jesi, who lost his daughter to SUD in 2015.

PAARI's Public Safety Council: comprised of 10 public safety professionals, provides guidance, experience, and expertise through a formal feedback structure. Using surveys and regular meetings to collaborate and collect feedback, the Public Safety Council shares first responder insights on ideas, projects, and promising practices in the field.

PAARI Partner Spotlight: highlights and propels the excellent work our diversion and deflection leaders are doing in their communities. By sharing their challenges, success, and program practices with other PAARI partners, we aim to inspire other agencies to start their own programs or incorporate new elements into their existing programs.

Surveys: In addition to soliciting feedback from our councils, PAARI also utilizes surveys to gain valuable knowledge on emerging threats and practices in the field. Recently, PAARI distributed a Naloxone survey to its public safety network, to better understand common barriers to Naloxone access for their community members. 303 respondents reported their experiences with Naloxone.

Social media: PAARI stays connected with our partners and the community through communications on all social media platforms.

6. What steps has your organization taken to create a more inclusive work environment?

In addition to implementing the Lived Experience Council, to empower those with lived experience to be a part of the collaboration, PAARI felt it was equally important to create a work environment that encourages communications, values input and empowers all employees.

In September 2023, PAARI spearheaded staff DEI training with an outside DEI consulting expert. All staff attended the workshop entitled: Diversity & Inclusion for an Inclusive Workplace. The training curriculum provided staff with the necessary awareness, content knowledge, and skills to help foster staff development, and mutual respect when exploring issues of diversity. Staff engaged in activities and discussions that enhanced their own understanding of identity and diversity to help them work more effectively with a diverse population.

A few takeaways from the session included:

- Increased knowledge on issues of discrimination and privilege, as well as the applicable terminology.
- Explored critical intrapersonal and interpersonal skills (e.g., self-awareness, communication skills, problem-solving skills and empathy) for working effectively with diverse individuals and groups.
- Staff participated in activities that enhanced self-knowledge and team building and diversity awareness.
- Gained an understanding the importance of race and culture in the United States.
- Enhanced skills to accelerate program development, facilitation and ongoing management.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

The following are PAARI's top four goals for the next three fiscal years:

GOAL 1: INCREASE CAPACITY/STAFFING:

Expand PAARI's Public Safety Engagement & Strategy and Grants Teams by:

*Hiring (1) Manager of Public Safety Engagement & Strategy to support Senior Director

*Onboarding (2) new outreach specialists

*Hiring (1) Grants Coordinator

GOAL 2: DIVERSIFY COUNCILS/BOARD:

*Lived Experience Council Board - recruit additional board members.

- Add 3-5 new members with a focus on POC/Minority Groups
- *Public Safety Council
- Add 1-2 new members with a focus on POC/Minority Groups
- Increase collaboration with Lived Experience Council Board - meetings, team building, brown bag lunch & select topics to inform programming and best practices.
- *Public Health Council
- Rollout in 2024.
- Set strategy and engagement.
- Invite members with diverse backgrounds.
- *PAARI Board of Directors – increase diversity with a focus on POC/Minority Groups.
- Add 1-2 new members with representation from minority group
- Recruitment – encourage board members to bring forth a nomination that supports diversity and inclusion to guide strategic decisions for the organization.

GOAL 3: STRENGTHEN and BROADEN PARTNERSHIPS

- *Increase geographic diversity by expanding PAARI Partnerships in rural areas of Massachusetts.
- *Secure DEI partner to enhance and expand training to PAARI partners and develop web-based training.
- *Expand partnerships by acquiring new or re-engaging with lapsed partners growing membership from 700 to 775 (75 total partnerships/25 per year). Focus on rural communities with high prevalence of overdose rates.

GOAL 4: EXPAND PROGRAMS and INITIATIVES:

- *Develop DEI web-based training and provide quarterly training session for health equity as it pertains to law enforcement diversion and deflection programs.
- *Encourage DEI training “how to create a DEI-friendly environment in your PAARI deflection program.”
- *Create Roll Call Videos.
- *Naloxone training for first responders.
- *Update website & resources for PAARI Partners (interactive map, Partner Spot Light Series one pager)
- *Develop Survivors Grief Guide handout for law enforcement partners to bring with them when going to a survivor's house following a family member's overdose deaths.
 - What to expect in the coming days
 - Coping with Grief
 - Resources to counseling/individual therapy/group therapy/family therapy
 - Community resources connection – housing, food, childcare, family support groups
 - Provide PAARI Lived Experience Council information.

8. How will the funds help you achieve your goals?

With generous support from RIZE, PAARI would close administrative gaps in our infrastructure to accelerate and expand partnerships and programs in rural and underserved communities across Massachusetts. Through outreach, education and training, PAARI will assist law enforcement agencies in designing and implementing non-arrest OUD/SUD referral programs; foster dialogue to address the opioid crisis, remove stigma, elevate addiction as a disease not a crime; and increase access to lifesaving resources to promote treatment & recovery.

In its goal to end the opioid crisis and save lives, PAARI will allocate funding to achieve the following:

GOAL 1: INCREASE CAPACITY/STAFFING:

Expand PAARI's Public Safety Engagement & Strategy Team to engage in more systematic outreach to departments in rural and underserved communities. Staff would include (1) Manager of Public Safety Engagement & Strategy to support Senior Director and (2) new outreach specialists. To increase capacity and ensure long-term sustainability, we will hire a Grants Coordinator to assist with grant reporting.

GOAL 2: DIVERSE COUNCILS/BOARD:

With general operating support, staff will increase engagement with Lived Experience Council and Public Safety Councils and spend time recruiting diverse board and council members. In 2024, PAARI will create a Public Safety Council to provide expert advice, consultation and recommendations. Funding will pay for staff time and meeting materials.

GOAL 3: STRENGTHEN/BROADEN PARTNERSHIPS

Funding will support staff time for engagement activities and DEI expert costs to develop web-based training and live trainings.

GOAL 4: EXPAND PROGRAMS and INITATIVES:

To expand programs and initiatives, we will need funds to support time and materials for DEI training, Roll Call Videos, Naloxone training for first responders and updating our website/training materials (interactive map, Partner Spot Light Series one pager). With consultation from our Lived Experience Council, PAARI will develop a Survivors Grief Guide. Expenses include printed materials, videography, staff time and stipends for council.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Police Assisted Addiction & Recoverypdf

Organization's Operating Budget

 PAARI Projected FY 2024 vs Actual F... .xlsx



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Peoples Medicine Project
Organization EIN	23-7450656
Year Incorporated	11
Organization Address	PO BOX 923 Greenfield, Massachusetts, 01301
Are you a fiscally-sponsored project?	Yes
Name of Fiscal Agent	Western Massachusetts Training Consortium
Fiscal Agent's EIN	23-7450656
Fiscal Agent's Organization Address	187 High Street, Suite 202 Holyoke, Massachusetts, 01040
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.

- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 40000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 1: Western MA

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with limited English proficiency

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The People's Medicine Project (PMP) is a health justice organization whose mission is to increase access to complementary and alternative healthcare and plant medicine.

2. Describe the services your organization provides or the activities it engages in?

We promote health justice through innovative community partnerships and accessible and mobile programming, which is all supported by a robust volunteer program. We offer opportunities to experience non-pharmacological healing modalities that support self-determination, choice, and empowered connection to wellness and recovery.

Our programs include:

Greenfield Healing Clinic -A free monthly complementary healthcare clinic housed at the Recover Project offering a variety of modalities including massage therapy, acupuncture, cranio-sacral therapy, homeopathy, and nutritional and herbal consults. The PMP Greenfield Healing Clinic offers services to all folks facing lack of access to healthcare, but specifically works with folks at all stages of recovery from pre-contemplative through full spectrum recovery. Our clinic helps people to feel good in their bodies again, and get support for a variety of health concerns that either relate directly to recovery or are precursors for potential addiction to opioids. When our clients receive care at our clinic, they are met by trauma-informed practitioners who work with them from a whole-body/whole-person perspective.

Acupuncture Access Program -Through a partnership with a local acupuncture business, this program

offers on-going, free, drop-in acupuncture for people in early opioid recovery. The program features the NADA protocol, a technique applying needles to ear points to quell addictive cravings and calm anxiety, and is intended to provide an “on the spot” alternative to using opioids.

Farmworker Healing Program -This program serves immigrant and migrant farm workers who grow our food, primarily from Central America, South America, and Jamaica. The two parts of this program are:
1.) our seasonal “On-Farm-Clinics,” where PMP volunteer practitioners travel to large vegetable farms and provide healthcare services to farm workers.
2.) our Herb Distributions and Mini-Clinics coincide with farm worker food assistance distributions. At “herb distros” PMP offers consults, referrals, and culturally familiar remedies to immigrant workers with little access to health care.

“Wellness Through the Wall” - is our newest educational program and centers on the healing relationship between plants and people. In partnership with the Franklin County Jail, and the Re-Entry Center, PMP provides people experiencing incarceration with knowledge and tools for nervous system regulation, earth connection, and self-care through experiential learning about local healing plants and foods.

PMP Homestead Program -This program engages community volunteers to tend our greenhouse, where we start medicinal and pollinator plants to cultivate, give away and sell (through our Seedling Program); our garden, where we grow medicinal herbs to supply clinics and herb distributions; and our apothecary, where we process the plant material and prepare it for distribution.

Community Medicine Making Parties -Several times per year, we invite community groups to participate in large medicine-making parties, where we prepare plant material and remedies to stock our distributions and clinics.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our priority population is generally described as “those who otherwise cannot afford to access alternative and complementary healthcare.” As this can be interpreted in a variety of ways, we outline explicit guidelines to ensure folks who are interested in accessing our services can reflect on whether they see themselves as a fit. These guidelines can be found on our website entitled “Am I a Good Fit?” Even more explicitly, we prioritize serving folks who have experienced incarceration, who are in any stage of recovery from OUD, farmworkers who are largely migrant workers without health insurance, and more recently people who are lacking in housing or living in transitional/low-income housing. 100% of our participants identify as “living at or below the poverty line.”

II. We’d like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

All of our programs are offered completely free of charge. We always have interpreters present at any program in which we can expect to be serving Spanish-speakers. We recently hired a part-time consultant who is a native Spanish speaker. Their role is primarily to help bridge any gaps in communication among our farmworker community and help us to develop curriculum and translate our website/print materials so that eventually all of our information will be in both English and Spanish. We are also investing in innovative communication systems that will more easefully allow us to communicate with folks who are unable to reliably access email/phone due to language and/or technology barriers. We prioritize offering care that is both trauma-informed and culturally relevant, and never show up in a space that we were not directly invited by peers within that community. As we will explain below as part of our goals, we are actively working on ways we can make our clinic experience more mobile- literally meeting people where they are at whether it is on farms, on the street, at other local community centers, etc. Accessibility is one of our primary tenants and we work hard to ensure that anyone who is seeking support in their healing and could benefit from our offerings is able to do so.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We are highly responsive to the requests made from us by community members. For example, PMP was invited by the Franklin County Sheriff's Department to pilot a 3-class wellness/herbal education series in Spring 2023. The feedback from residents made clear their desire to continue learning about herbs, plants, and health, particularly non-pharmacological resources for anxiety, depression, addictive cravings, and the impact of trauma on their lives. Following the pilot, PMP was invited to engage more deeply as a community partner, and step into a relationship that would expand residents' connection to community resources and networks ongoingly, during and post incarceration. This was the beginning of our Wellness Through the Wall Program and interest/demand has only increased since then.

This is just one example of how PMP goes where needs of community are explicitly requested, and the birth story of all of our programs fits the same tune. In addition to going where we are sought, we do our very best to frequently collect feedback from participants through the form of surveys to ensure that participants are always given outlets to express needs and offer feedback.

6. What steps has your organization taken to create a more inclusive work environment?

PMP is a program under the Western Massachusetts Training Consortium and as a benefit of this relationship, we are able to participate in annual & periodic DEI trainings. We ensure that all of our practitioners and volunteers also have the opportunity to attend these trainings, and even require that many take a couple of trainings related to trauma-informed care and Equity and Inclusion throughout the year. This ensures that all PMP representatives (staff, practitioners, educators, and volunteers alike) are explicitly informed and invited to engage in active conversations around creating more inclusivity in our organization and greater community. As part of our onboarding process, we also require that folks thoroughly review and understand our ethics, which can also be found on our website. Though our staff itself is tiny, our network is large, diverse, and committed to equity, inclusion, and justice for all!

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Stabilize current programming. Complementary and Alternative Modalities need to be a part of the conversation of addressing Opioid misuse and recovery support in our community. While these modalities are increasingly becoming better understood and accepted broadly among western medicine practitioners and legislature, especially as it relates to opioid addiction & treatment, we witness profound impacts on the folks coming to our clinic and high demand for our services. However, this form of healthcare and treatment is often very hard to find funding for as it does not fall within the typical parameters of substance-use treatment or support. This puts us in the position of frequently having to piece together smaller grants and individual fundraising in order to sustain our programs. Having stable funding over 3 years would allow us to continue, refine, and eventually expand these programs, specifically our Greenfield Healing Clinic, Wellness Through the Wall, and Farmworker Healing clinics.

2. Build out our mobile-clinic capacity to bring our clinics more easefully to remote locations (farms, street clinics, etc). We strive to really meet individuals where they are- and this oftentimes means having the infrastructure to be able to take our clinics on the road. We would ideally like to have the personnel and resources to be able to facilitate more mobile-clinics that are fitted to provide harm reduction, plant medicine first-aid, and nervous system regulation as a first step for support.

3. Create curriculum that is comprehensive, bilingual, and can be replicated and encapsulates all our work with different populations. This has been a long-time goal and one that is at the forefront now as demand for our services is higher than it's ever been. We realize the need for efficiency and replicability in our educational and clinical offerings with various different populations.

8. How will the funds help you achieve your goals?

We hope to use a large portion of this funding to hire consultants and staff to be able to create more consistency and sustainability within our programs, specifically presenters at the Franklin County Jail and Re-entry center, staff at the Greenfield Healing Clinic, and bilingual coordinators for our Farmworker

Healing Program.

Additionally, we would like to hire a staff or consultant to create program curriculum and oversee the evolution of expanding our mobile clinic programs. This person ideally would be bilingual and have lived experience with either the criminal justice system and/or Opioid Use Disorder. Additionally we hope to use some of this funding for outreach efforts for our programs.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Consortium FY21 and FY22 Fin State... .pdf

Organization's Operating Budget



PMP Operating Budget '25.xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization Power Clean Recovery Corp dba Move to Heal CT

Organization EIN 86-3702813

Annual Operating Budget 681679

Year Incorporated 2021

Organization Address 45 NE Industrial Road
Branford, Connecticut, 06405

Are you a fiscally-sponsored project?

Primary Contact Full Name

Primary Contact Email

Primary Contact Title

Primary Contact Preferred Pronouns

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities.

Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

To enhance the health of individuals suffering from mental health issues, addiction, depression, eating disorders, and other challenges by offering group exercise classes, support meetings, nutritional coaching, and counseling. We focus on lowering relapse rates and deaths among recovering drug addicts and alcoholics while fostering long-term recovery and healthy communities.

2. Describe the services your organization provides or the activities it engages in?

Move to Heal is a non-profit organization working across Connecticut, Massachusetts, Rhode Island, and soon Florida that provides comprehensive fitness-based programs for individuals struggling with mental health issues, addiction/recovery, depression, eating disorders, and any other life challenges. We integrate health, exercise, education, nutrition, counseling, and community support to ensure long-term recovery and reduce deaths among recovering addicts and alcoholics.

We offer our programs at local partner gyms. For individuals who show consistency, we pay for their gym membership and offer individual therapy and nutritional coaching. By offering our programs at no cost, we eliminate the barriers to care and promote health equity and inclusion. Exercise, commitment, and

repetition create healthy habits, mindfulness, and accountability for anyone struggling with life's challenges.

In Massachusetts, we partner with the following gyms: SVG Athletics in South Hadley, CrossFit Clean Slate in Webster, and CrossFit Final Duel in Hopedale.

Programs:

Group Support Meetings: The one-hour sessions are the first steps to joining the program. Our partnerships with gyms provide a comfortable and welcoming environment with fitness classes (and coaching), followed by group support & recovery meetings. We focus on the power of community, empathy, and shared experiences in the journey toward healing. We recognize that mental health struggles can often feel isolating and overwhelming. Our group setting provides a safe & nurturing environment where participants can exercise while improving their physical, mental, and social well-being.

Gym Memberships: Designed to help participants create healthy habits, mindfulness, & accountability through exercise, commitment & repetition. We pay the gym membership directly to our partner gyms. In return, each gym provides the venue and coaching for the workout.

Nutritional Coaching: Proper nutrition is crucial for good health, and it's particularly important during recovery. By stabilizing blood sugar and reducing cravings, good nutrition can improve mood and replenish any nutritional deficiencies that may have arisen during substance use. A licensed nutritionist equips participants with the skills and knowledge needed to make positive nutrition choices.

Mental Health Counseling: One-on-one therapy has been proven to be effective in changing destructive behavior, identifying triggers, & developing coping mechanisms. Our licensed clinical therapist provides counseling sessions twice a month.

Data in our service areas in Massachusetts indicates an improvement in the physical and mental health of residents who participate in our group support meetings and workout sessions. Regular exercise stimulates the release of endorphins, serving as a natural mood enhancer. The group environment creates a sense of community, reducing feelings of isolation and combating stigmas. In addition to exercise, our Nutritional Coaching program takes a holistic approach and participants receive education on making healthier dietary choices while our therapists offer personalized support, equipping individuals with the necessary tools to effectively manage their mental health concerns.

Through our programs, our goal is to create a healthier and more supportive environment for individuals and communities in Massachusetts. Our ultimate goal is to enhance mental wellness, reduce substance dependence, and improve the quality of life for all residents.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our services and programs are for Individuals ages 17+ struggling with Opioids, mental health issues, and life traumas including alcohol and drug addiction, eating disorders, PTSD, post-partum depression, anxiety, and abuse.

In Massachusetts we are partnering with the following gyms- SVG Athletic in South Hadley, CrossFit Clean Slate in Webster, and CrossFit Final Duel in Hopedale.

Our fitness-based programs have made a significant impact since launching at SVG Athletic Gym in South Hadley in January 2024, serving 480 participants. Expanding to CrossFit Clean Slate in Webster and CrossFit Final Duel in Hopedale in April 2024 has further benefited 130 priority population members.

Your support will help us establish two new locations in Massachusetts, providing critical services to those affected by the opioid crisis. According to a report by the Boston Public Health Commission, from 2019 to 2022, Boston experienced a 36% increase in opioid related deaths, more than twice the statewide rate of increase (16%) over the same time period. Additionally, the city of Worcester had the highest rate of deaths caused by opioid overdoses in the state, according to the Massachusetts Department of Public Health's (DPH) 2023 opioid overdose death statistics report.

Our fitness based programs that combine health, education, nutrition, counseling, and community ultimately lead to improved mental wellness, reduced substance dependence, and an enhanced quality of life for all residents.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

We provide our programs at NO cost to all program participants. By eliminating the barriers to care, we are focusing on health equity and fostering inclusion.

We carefully select and partner with gym locations that are easily accessible and ensure no physical barriers hinder participation. Our programs are designed to be inclusive and culturally sensitive, and our staff undergo cultural competency training. Additionally, we engage with the community to understand their needs and collaborate with local organizations to ensure we reach underserved populations.

Our goal is to empower every community member to prioritize their mental health and well-being in a welcoming and supportive environment.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Move to Heal is committed to ensuring that input from the individuals we serve plays a pivotal role in shaping our programs. Through direct engagement with the community via meetings and surveys, we gain valuable insights into their specific needs, enabling us to customize our programs effectively.

Likewise, collaborating with local organizations and leaders broadens our impact and allows us to extend the reach of our work and amplify the urgency of our mission. We continuously evaluate our programs for effectiveness and adapt them based on community and member feedback. These efforts ensure that we remain responsive to the community's evolving needs.

Furthermore, we assess the impact of our programs in meeting community needs by ensuring that board members attend a Move to Heal meeting at each location, at least once a month. This allows us to receive real-time feedback from our board members. Lastly, we host monthly Zoom meetings with our partnering gym owners to gain feedback and ensure meetings are being managed properly.

6. What steps has your organization taken to create a more inclusive work environment?

Training - we offer cultural sensitivity and unconscious bias training sessions to staff aimed at raising awareness about diversity, equity, and inclusion. This helps foster an environment where everyone feels valued and understood.

Recruitment - We employ inclusive recruitment practices by utilizing a variety of recruitment channels and ensuring fairness in the hiring process to attract a diverse range of candidates.

Leadership: We prioritize diversity in leadership roles by ensuring that decision-making positions reflect a variety of backgrounds and cultures.

Employee Support Groups: we have established employee resource groups where staff members can connect based on shared identities or interests. These groups offer a platform for mutual support and advocacy for inclusivity.

Flexible Policies: We implement flexible work policies to accommodate the diverse needs of their employees. This includes options for remote work or flexible hours to support individuals with various responsibilities.

Feedback Mechanisms: We provide avenues for employees to give feedback and concerns are heard and addressed, contributing to a culture of openness and respect.

Inclusive Services: In addition to internal practices, Move to Heal ensures that our services are accessible and inclusive to all members of the community. By offering our programs at no cost, we are committed to equity and inclusion.

Through these efforts, Move to Heal cultivates a workplace culture that celebrates diversity and empowers all employees to thrive.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our goals are to enhance our ability to serve the people of Massachusetts. Currently, we have partnerships with 3 gyms in Massachusetts. With additional funding, we aim to establish 2 new locations in areas where residents are struggling with Opioids. Our comprehensive and holistic programs focus on mental wellness and substance dependence and strive to improve the overall quality of life for the people of Massachusetts. Your support will enable us to strengthen our organizational capacity and operational support, allowing us to effectively fulfill our mission for the next three years and beyond. The interconnected issues of opioid misuse, mental health struggles, and trauma (encompassing alcohol and drug addiction, eating disorders, PTSD, postpartum depression, anxiety, and abuse) demand an urgent, long-term response to reverse the escalating trend and promote recovery.

Our goals include:

Promoting Mental Wellness: We will continue to raise awareness about mental health challenges within the community, provide resources and support for individuals facing these challenges, and foster a supportive community environment through group meetings.

Reducing Substance Dependence: We will continue to educate individuals and communities about the risks associated with substance abuse, providing support for those dealing with substance dependence through our group meetings, fitness/ physical exercise, nutritional coaching, mental health counseling, and community support.

Improving Quality of Life: By offering annual gym memberships and creating opportunities for physical activity and exercise, we will be improving the overall quality of life for participants. Physical activity is known to have positive effects on mental health.

Holistic Approaches to Wellness: We emphasize holistic wellness by offering a range of services including group support meetings, nutrition coaching, and mental health counseling. Additionally, collaborating with local organizations to address social determinants of health reflects a comprehensive approach to improving quality of life.

Overall, our overarching goal is to create a healthier and more supportive environment for individuals and communities in Massachusetts, ultimately leading to improved mental wellness, reduced substance dependence, and an enhanced quality of life for all residents.

8. How will the funds help you achieve your goals?

The financial support from RIZE will enable us to partner with two additional gym locations in Massachusetts to address the increasing rates of opioid use in the state. These new facilities will not only provide a location for physical exercise opportunities but also serve as safe spaces offering support, guidance, and a sense of community for individuals facing mental health challenges such as anxiety, depression, PTSD, postpartum depression, substance abuse, and eating disorders.

Our goal is to make mental health resources more accessible and create inclusive environments where individuals feel empowered to prioritize their mental well-being. Additionally, the funding will allow us to expand our programs, reaching more individuals and communities in underserved areas.

Financial support will also allow us to create new partnerships, and organize community events to raise

awareness about mental health challenges, substance abuse risks, and the importance of physical activity. These events will serve as platforms to provide information, tools, and support to individuals in need.

Access to Professional Services: With adequate funding, we can access professional services such as mental health counselors, nutritionists, and fitness trainers. These professionals will provide specialized support and guidance to individuals struggling with mental health challenges or substance dependence.

Free Gym Memberships: Funds will be used to pay for program participants' gym memberships. We offer all our programs at no cost to the participants. This ensures that everyone has access to opportunities for physical activity and exercise, which contributes to improved mental health and overall well-being.

Overall, the funds will provide the necessary financial support to partner with 2 new community gyms in Worcester and Boston. Funding will help us implement and sustain our programs effectively, allowing us to make a meaningful impact on mental wellness, substance dependence, and quality of life for residents in Massachusetts.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



2023 MTH Financial Statements.pdf

Organization's Operating Budget



2024 Move to Heal Budget.pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Housing Support Inc
Organization EIN	04-3124357
Annual Operating Budget	1,450,000
Year Incorporated	1990
Organization Address	12 Pleasant Street, Suite 3 Newburyport, Massachusetts, 01950
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 360000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 3: Northeast

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Older adults

Domestic Violence History

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Housing Support Inc is committed to the provision of affordable housing for persons who have experienced addiction, trauma, or other destabilizing event(s) that resulted in homelessness or housing insecurity. HSI seeks to address the critical need for affordable service-enriched housing through the operation of appropriate housing opportunities within Essex County.

2. Describe the services your organization provides or the activities it engages in?

Housing Support, Inc. (HSI), a non-profit 501 (c) 3 housing development corporation, has developed and operates 8 residential projects, comprising 74 affordable units within the communities of Haverhill, Lawrence, and Amesbury. Each of the properties has unique development sources that determine tenant selection and eligibility; each of the properties has differing levels and types of supportive services – provided by HSI as well as through community-based providers.

HSI's supportive service budget has recently reached in excess of \$350,000 and is funded by HSI operations and internal resources. Two of the projects focus on People with Lived or Living Experience with Substance Abuse (PWELL), coming from homelessness or housing insecurity and a Domestic Violence History. This application is primarily intended to support these two buildings; however, examples of our other supportive housing projects are described below as well.

a. Friend Street House provides 26 units of sober residential supportive housing program for low and very low income formerly homeless adult men who have struggled with addiction to opioids, other drugs and/or alcohol. The program is supported via the HUD Rental Assistance Development Program (RAD) which provides 24 project based rental subsidies with services and peer provided resident services. Housing Support Inc. in a safe, sober, and supportive environment to empower men in their recovery.

b. The Bartlett House, formerly known as the Old Ladies Home, built in 1865 and the birthplace of Josiah Bartlett provides supportive sober housing to woman who have a demonstrated commitment to sobriety and who have a domestic violence history. The property currently contains 13 unenhanced SROs and one

studio. The program is funded via the Massachusetts Rental Voucher Program (MRVP) which provides 10 project based rental subsidies with HSI funded on-site resident services support a safe, sober, and supportive environment that empowers women in their recovery. The fourteen units are low barrier entry level housing for extremely low-income women.

Other properties in HSI's portfolio include:

Amesbury: The Veterans building is an historic building (circa 1780) containing three two-bedroom apartments for small Veteran families. HSI staff provides tenant support and VASH rental vouchers and services may come from the Veterans Administration and nonprofit Veteran organizations.

The Main Street Group Home is a four-bedroom home for women with development disabilities. The building currently has one bedroom on the first floor, limiting accessibility.

Haverhill: The Webster Building was renovated in 2000 and contains 10 one-bedroom apartments. McKinney Homeless funding supported the acquisition and Vinfen and the Department of Mental Health as well as Wayside Behavioral services and DDS provide services for individuals with disabilities.

Lawrence: The Molin Building was built in 2004 and contains 10 one-bedroom apartments. Vinfen and the Department of Mental Health provide services for individuals with disabilities.

The E. James Gaines Veterans Residence in Lawrence was built in 2009 and contains 10 residential apartments for Veterans. HSI staff provides tenant support and VASH rental vouchers services may come from the Veterans Administration for individuals with VASH subsidies and local nonprofit Veteran organizations.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Of all 78 tenants served by HSI, at least 51% are PWLLE, 73% come from homelessness or housing insecurity, 50% are age 50 and over, and at least 17% have a Domestic Violence History.

The priority PWLLE, homeless and housing insecurity and domestic violence populations that are the focus of this application are served at Friend Street House (26 units) and the Bartlett House (14 units). The men and women residents in these two buildings are also older adults. Residents are referred from housing agencies, nonprofits, treatment centers and may come directly from homelessness.

An additional priority population that we are currently not serving and would like to serve are people who are currently or formerly incarcerated.

HSI programs are service enriched by peer and other staff, including overnight staff. The level of staffing we are committed to providing our residents is in conflict with sober house certification guidelines. Such certification is required to serve individuals coming from incarceration, but certified sober housing do not receive state funding.

While our properties meet physical and programmatic guidelines supporting recovery as in certified sober housing, the unusual Federal and State funded rental subsidies and staffing levels we feel are appropriate to support residents are in conflict with the need for funding and our desire to serve incarcerated individuals. This application seeks to resolve a conflict between service levels in certified sober housing and state supported sober housing with clinical services. A certification application is underway, however may not be the most appropriate route due to funding needs.

Certified sober homes are peer-led and do not provide the level of support HSI believes is necessary, particularly in serving potential residents coming from incarceration. The model attempts to thread the needle and provide housing appropriate to individuals who are in need of additional support.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to

all community members?

HSI utilizes several techniques to ensure accessibility and equitable participation to community members.

Specifically, each property has an approved Affirmative Fair Marketing Plan (AFMP) which provides a site-specific outreach plan. The AFMP requires an analysis of the demographics of the site's particular geographic area and the identification of community members who are least likely to apply. This analysis creates the basis for a marketing plan to make those persons least likely to apply aware of the housing opportunity.

In order to encourage community provider engagement HSI maintains strong relationships with a wide range of community-based providers. Through regular communication, HSI ensures that human services providers are aware of available housing options. This broad-based approach enables multiple points of entry for residents. Residents are referred from housing agencies, nonprofits, treatment centers and may come directly from homelessness. Community postings can allow potential residents including a woman fleeing domestic violence to learn of a housing through a posting at a local food pantry and apply directly to HSI without a referral from an emergency homeless shelter/provider.

HSI employs dedicated staff to provide timely response and one-on-one assistance to persons seeking placement in any HSI property.

The buildings have been fully renovated and in addition to annual municipal inspections, each unit is inspected by the Chelsea Housing Authority at occupancy and annually. Friend Street House provides seven handicapped accessible rooms as well as accessible meeting space. Bartlett House provides three handicapped accessible units.

The Board of Directors of Housing Support voted in January 2023 to codify its commitment to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion for its properties and employees including embracing and encouraging our employees' differences in age, color, disability, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliation, race, religion, sexual orientation, socio-economic status, veteran status, and other characteristics that make our residents and employees unique.

Friend Street House provides a handicapped accessible community meeting space that houses multiple Narcotics Anonymous and Alcoholic Anonymous meetings weekly. In addition, the room has been used for community training such as Narcan training and is in planning stages for an onsite training location for Northern Essex Community College Mass Connect program.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

HSI seeks to have active participation from people with lived peer experience and/or professional expertise at every level of the organization including Board, leadership, and staff. Our current Board composition includes senior bankers, elected state representatives, the former Essex County Sheriff and development and permitting experts including two African Americans and a woman.

The HSI Executive Director has extensive experience in supportive housing models and regulatory compliance requirements. In our most recent rounds of staffing hires, HSI has cast a wider net, seeking to attract qualified persons from under-represented populations. Our efforts have resulted in three persons with lived experience, three women, and a Veteran among an of an eight person staff.

One plank of HSI's focus on resident engagement is our policy that requires regular resident meetings at

each of the sites. These meetings represent opportunities for those directly served to provide input and recommendations.

A second plank is HSI has committed to a peer mentorship model. This management style encourages direct participation in the daily management of each property.

In the past year, resident lead initiative has resulted in an emerging partnership with Northern Essex Community College in Haverhill. Under this initiative residents will attend classes at NECC, including GED and participation in the Mass Connect program. Onsite Narcan training was recently completed, and CPR is in the works. At another property, residents identified an opportunity to create a house garden to reduce food cost and increase the availability of healthy foods.

6. What steps has your organization taken to create a more inclusive work environment?

The Board has begun an evaluation process to determine gaps in diversity and a process to expand Board diversity and has codified a Diversity Equity and Inclusion Policy for its programs and employees.

As referenced earlier, the Board voted to codify a Diversity, Equity and Inclusion Policy committing Housing Support to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion. We embrace and encourage our employees' differences in age, color, disability, ethnicity, family or marital status, gender identity or expression, language, national origin, physical and mental ability, political affiliation, race, religion, sexual orientation, socio-economic status, veteran status, and other characteristics that make our employees unique.

All employees of Housing Support Inc have a responsibility to always treat others with dignity and respect. All employees are expected to exhibit conduct that reflects inclusion during work, at work functions on or off the work site, and at all other company-sponsored and participative events. All employees are also required to attend and complete annual diversity awareness training to enhance their knowledge to fulfill this responsibility.

HSI's Employee Policies, hiring policies and Code of Conduct prohibit discrimination or harassment based on race, color, religion, creed, sex, national origin, age, disability, marital status, veteran status or any other status protected by applicable law. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and is free from discriminatory practices, including without limitation harassment. Consistent with its workplace policy of equal employment opportunity, the Organization prohibits and will not tolerate harassment on the basis of race, color, religion, creed, sex, national origin, age, disability, marital status, veteran status or any other status protected by applicable law. Violations of this policy will not be tolerated.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Increase organizational capacity: Through the identification and implementation best practices in the operation of low-barrier housing, HSI's goal would be to expand access and participation to extremely hard to house persons without compromising the stability of the property.

2. Solidify SRO operations and resources. Historically, there has been a significant public investment in group homes and Single Room Occupancy (SRO) properties. While the shared living experience provides a sense of community and efficiency of services provision, HSI experience, mirrored by supportive housing providers across the nation, documents the inherent conflict between affordable housing regulations, sober house certification and residential treatment facilities.

HSI goal would be to research and implement practices that improve the utilization of the existing SRO properties.

3. Increase meaningful participation of persons with lived experience: HSI would seek to engage residents with lived peer experience in the furtherance of programs and services. An immediate opportunity presents itself with an emerging partnership with the NECC. Mass Reconnect makes higher education more affordable and accessible to students 25 years of age and older by removing financial

barriers to higher education. HSI intends to not only have interested residents have a seat at the table during furtherance of the program but will also provide a stipend to recognize the value of that participation.

4. Public Policy and Program Advocacy: Explore opportunities and advocate for revisions to affordable housing restrictions, rental subsidy administrative requirements, and service coordination for the benefit of those persons in need of supportive housing. The service enriched provider community is facing a collision of MA tenant landlord law, sober house certification requirements, affordable housing restrictions, and the requirements of publicly funded services. The complexity of HSI existing housing portfolio - each property with its own development resource restrictions and service funding presents a unique opportunity to identify barriers and opportunities.

5. In furtherance of ongoing planning, expand the availability of housing for the People with Lived or Living Experience with Substance Abuse (PWLLE), coming from homelessness or housing insecurity and domestic violence. The agency is well along in the planning for the creation of 8 additional one-bedroom units in Amesbury as an expansion of Bartlett House that will allow housing opportunities for any gender seeking to maintain sobriety with domestic violence in their history. Renovations are in planning to convert the Bartlett House SRO rooms to enhanced SROs with private bathrooms.

8. How will the funds help you achieve your goals?

The uniqueness of HSI’s existing portfolio with its complex array of development sources, deed restrictions, and service contracts presents a real opportunity to resolve the existing inherent conflict between affordable housing requirements and residential treatment programs. Additional resources will enable the agency to dedicate leadership and staff to activities in the furtherance of the stated goals. Currently, each housing project has a site-specific budget that restricts expenditures to those directly attributable to the operations of that property. Each housing project has continuing operational needs including provision of services that consume entirely existing staff and resources. Specifically, the requested funds will:

- 1. Support the enhancement of HSI current practices. Rarely are non-profit housing providers able to find the opportunity to research “best practices” and revise their own policies, where appropriate. The breath of the HSI portfolio - the population housed, the service funding, and the housing restrictions - create an insurmountable barrier for a small agency. The additional resources will remove this barrier but allow HSI to augment existing staff, freeing senior staff to focus on policies and procedures in a wholistic way.
- 2. Support meaningful participation of residents in agency operations and in the furtherance of identified program opportunities. The requested funds will enable the Board to complete its analysis of existing gaps and develop a Board recruitment process to address any deficiencies; fund expansion of resident engagement efforts consistent with identified best practices; and will permit residents to be compensated for meaningful participation in supported programs/initiatives.
- 3. Allow leadership and staff to move beyond the day-to-day operational needs of a particular property while leveraging their experience to find solutions to the complex array of regulatory and operational challenges. The funds will create time and the opportunities to be fully involved in the advocacy for desperately needed policy and regulatory changes.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 FY22 Audit HSI.pdf

Organization's Operating Budget

 HSI 2024 Budget.pdf



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Addiction Solutions Of Nantucket Inc.

Organization EIN

81-2120185

Year Incorporated

2015

Organization Address

57 Prospect Street
Nantucket, Massachusetts, 02554

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]

Title

[REDACTED]

Preferred Pronouns

she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 5: Southeast

Check the most relevant box along the continuum for your services or activities. Treatment

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Families

Veterans Older adults Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Addiction Solutions of Nantucket’s mission is to support ██████████ and Aline Wommack’s Medication Assisted Treatment clinics providing exceptional patient care to individuals with substance use disorder, regardless of ability to pay. We are dedicated to educating the community with comprehensive harm reduction and the availability of MAT strategies.

2. Describe the services your organization provides or the activities it engages in?

Addiction does not discriminate, and it certainly does not make exceptions, especially for those living on an island 30 miles out to sea without a proper treatment facility. Recognizing this, ██████████ began providing Medication-Assisted Treatments (MAT) to substance use disorder patients through his private practice in 2005. As the need for opioid and alcohol

MAT treatment grew, he established the non-profit Addiction Solutions of Nantucket, Inc. (ASN) in 2015. ASN is the only MAT program on an island with 14,000-20,000 year-round residents (50,000 in the summer months) that helps those with drug, opioid, and alcohol dependencies. It provides the resources needed for patients to overcome their addictions and return to a healthy state of living.

Clinics are open Wednesday and Thursday, 5:00 to 8:00 pm, and Friday, 8:00 am to 1:00 pm. [REDACTED] is available to every patient 24/7 through his personal cell phone number, which is heavily advertised and the only number on the ASN website, <http://AddictionSolutionsNantucket.org>. Notably, [REDACTED] has never taken a paycheck for his services, though he has had to pay staff and fund medications used in treatment. ASN provides a safe and welcoming place for patients to seek assistance; no one is turned away, including the uninsured. All visits are completely confidential.

ASN works with patients to determine the root causes of addiction and develop customized plans that include medication prescriptions, urine/testing/mouth swabs, crisis counseling and intervention, basic medical services, referrals for HIV/Hepatitis C testing, counseling on reproductive health/pregnancy management, and more. We refer patients to other mental health agencies and resources on the island as appropriate.

We use public service advertising and social media to raise awareness of our MAT clinics and focus on destigmatizing addiction. Our ads, posts, and videos are widely dispersed in Nantucket media sources, connecting the community with stories of suffering and success. One of our most impactful initiatives was the production and distribution of our 16-minute video, "The Boy Next Door." The May 2022 premier was attended by over 300 island residents. The video has had 5,985 views on YouTube and is linked here: <https://addictionsolutionsnantucket.org/the-film/>. (Please watch and get us to 6,000!)

ASN also hosts an annual fundraiser, The Race for Recovery. Participants and donors are essential to our continued success, supporting our mission while decreasing the stigma of addiction and increasing community-wide understanding. The Race for Recovery is a day of hope and celebration, involving users in recovery, current participants, and their loved ones. One participant from the 2023 race observed, "The Race for Recovery is such a valuable event for Nantucket. Living in a small community where it seems everyone knows your business can make it difficult to say out loud, 'I'm struggling, and I need help.' At the Race for Recovery event, you can turn in any direction and see someone proud to say, 'I was struggling, I asked for help, and I am so happy that I did.'"

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Anyone needing our services is a priority.

A rural county, Nantucket, only 40 square miles and located 30 miles out to sea, has diverse demographics reflected in our patients. We serve a year-round population of 14.0K-20K and a summer population of 50K. Patients range from 14-80 years old.

The island's racial demographics are approximately 70.8% White, 15.1% Hispanic, and 9.4% Black. The public school system, which includes the only high school, has 1,700 students, with 22% speaking a language other than English at home. Nantucket is known as welcoming to multicultural newcomers including some undocumented residents. Compared to other Massachusetts counties, Nantucket, Dukes, and Barnstable Counties have higher rates of uninsured residents. During the 2023 MassHealth redetermination process, Nantucket's MassHealth enrollments decreased by 24.3%, compared to the statewide decrease of 16%.

In 2023, we had a total of 923 patient contacts: 56% men and 44% women. Of these, 118 were treated regardless of their ability to pay. The Massachusetts BSAS Dashboard indicates from June '22 to June '23 Nantucket had 46% greater number of alcohol related deaths than the statewide average. In 2023, the number of individuals who received prescriptions of buprenorphine was 39% lower on Nantucket than statewide. Nantucket has fewer behavioral health providers available per residents than any other county in the state at rate in 2023 of 1:250 vs the Massachusetts rate of 1:140 per countyhealthrankings.org. There are no inpatient substance use or behavioral health beds or any Partial Hospitalization or Intensive Outpatient therapies. ASN serves a critical need for Nantucket residents.

Our primary focus is on individuals struggling with addiction, but their recovery impacts families, co-workers, and fellow students. The ASN team offers referrals to other mental health agencies and resources as needed.

The ASN Team reminds everyone: "Where there is help, there is hope."

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

██████████ is available 24/7 for accessible treatment. Our program is strictly confidential, and no one is turned away. If a patient cannot afford services, ASN covers all bills. Patients are referred to Nantucket Cottage Hospital for assistance with health insurance applications, improving access to healthcare beyond MAT services.

We believe the number of patients is increasing due to a rise in substance use disorder cases and significant outreach by ASN over the last two years. As evidence, our clinic was so busy on Fridays that we added Thursday evening office hours last October. Our clinic activity, including phone calls, emails, and appointments, has increased year to date by 35% since 2023.

It was critical to our continued success to hire a Part-Time Business Manager in March of 2024 to support the working board of directors in their efforts to fulfill ASN's mission.

We recognize an unfulfilled need in the Hispanic and minority communities and have focused on reaching these groups. For the past two years, we have hired a marketing and branding firm to assist with this effort. We launched a new website in 2022 and the website is translatable, our brochures, posts and advertisements are in several languages, and we offer translation services to address language barriers.

██████████ has been an integral member of the community, has a magnetic personality and has attracted both clientele and funding. In addition to his exceptional work in addiction treatment, ██████████ impact extends far beyond the medical realm. He has been the High School Doctor for over three decades, providing his services to the school without charge. He has served on the schools committee for over 25 years and is the current school committee president. He was the subject of a widely distributed book, available on Amazon entitled "Island Practice." At age ██████████ was the 2023 recipient of Nantucket's prestigious Fred Rogers Good Neighbor award.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Due to the stigma and desired privacy surrounding addiction treatment, ASN relies on social media, advertising outreach, feedback from its diverse Board of Directors and Advisory Council, and the close-knit community to inform and invite individuals.

Media Outreach:

We use the local radio station, featuring messages from ██████████ the board, and a local business owner in recovery, reaching 45% of listeners. We promote ASN in digital publications such as DayBreak Nantucket, The Current, and The Inquirer and Mirror, which have a combined readership of 46,000. We also feature 60-second spots at Dreamland Theater, ensuring broad outreach to the community.

Social Media Outreach:

Our social media presence includes regular posts on Facebook and Instagram, sharing resources, events, and inspiration. With nearly 500 followers, our reels earn 1,000 play badges. We engage with 31 accounts weekly, increasing post frequency and impact. We respond promptly to inquiries and use Meta, Comcast, YouTube, and local channels for advertising.

Board of Directors:

Chosen for their community influence and some with lived experiences, our Board includes a police detective, school counselor, school board president, Hispanic influencer, individuals affected by opioid tragedy, two doctors, a mental health clinician, a business owner, a local radio executive, and several business leaders.

Advisory Council:

Currently includes the retired police chief, the executive director of Fairwinds (our local mental health provider), and a businessman in recovery. We plan to expand this council.

Community Involvement:

The small-town nature of Nantucket means "everybody knows everybody," and word travels fast. Dr. Lepore's popular private practice, one of five on the island, ensures he and his staff stay well-informed.

High-Season Strategy:

Nantucket's population swells from 14,000 in the off-season to 60,000 during the high season (June through August). To reach residents and visitors, we use local radio, e-newsletters, and movie theater ad placements.

6. What steps has your organization taken to create a more inclusive work environment?

██████████ clinic is small and has many long-term employees.

Our diversity efforts are reflected in the diverse makeup of our board and advisory council, as well as in

the regular educational segments at our board meetings. For example, we have had the Town of Nantucket's DEI Coordinator and [REDACTED], a leader in the Hispanic community, speak at a board meeting.

We advertise that all are welcome and turn no one away, regardless of race, age, gender, insurance, or ability to pay. Language services are available during all clinic hours.

In the past three years, ASN has taken strides to increase its impact, diversity and sustainability with the following actions.

- First, investment in board development has included expanding its representation, educating on our mission, attention to fundraising and operations, and ensuring commitment to the continued success of ASN.
- Next, the hiring a Business Office Manager (BOM) 3 months ago has allowed us to be ready to begin to identify Standard Operating Procedures, including diversity strategies, which will be needed even more as staff retire. The BOM role will also support business development through funding research and application and private donation solicitation management.
- The investment in a marketing consultant over the past three years has enabled a planned approach to getting our mission out to all facets of the community and sharing a consistent message about eliminating stigma around addiction

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. To develop a 5-year sustainability plan no later than January 1st 2025 for ASN, recognizing that [REDACTED] is the primary doctor in this practice and is reaching the age of retirement, as is the Clinical Coordinator. This plan will include funding additional physicians and support staff, and administrative expenses related to it. It will also include expanding collaborations with local mental health organizations and physicians' offices. We plan to honor [REDACTED] legacy with the continuation of his practice and commitment to conquering the opioid epidemic on Nantucket.
2. To add at least one part-time physician or PA who is licensed in the prescription and delivery of Medication Assisted Treatments (MAT) no later than January 1st 2025.
3. To continue and expand marketing efforts to increase awareness to all community members with a goal of reaching diverse segments of the Nantucket population including LGBTQ+, BIPOC, and other underserved populations.
4. To grow the ASN Advisory Council to a minimum of 10 members, representing the diversity of the Nantucket community, and meeting with the Advisory Council at least once per year to solicit feedback and community trends that ASN can address.

8. How will the funds help you achieve your goals?

The RizeMA funds are needed to accomplish goals #1 and #2. Sustainability of this organization is paramount to its future success, and the hiring of at least one Part time physician or PA who is licensed in the prescription and delivery of MAT is integral to that initiative. We expect the cost to exceed \$100,000 but this grant allows us to begin our pursuit in achieving this crucial goal.

Because [REDACTED] has never taken a salary, additional funds will be needed to cover this significant expense. Housing is a significant expense on the island, and that must be considered.

Hiring a physician or physician's assistant to cover our three weekly clinics plus assuring 24/7 availability will include a salary estimated at \$75,000 annually and malpractice liability insurance estimated at \$7,500 annually. The salaries of the growing support staff are estimated to be an additional \$15,000 per year. The fee for our marketing firm will be increasing by a minimum of 15% for 2025. The costs of MAT drugs continue to grow, and our clinic turns no one away, regardless of insurance or ability to pay.

PLEASE NOTE: When reviewing our supporting documents, please note that the 2023 P&L document does NOT include the expense of the newly hired business manager. This explains the increased budget for 2024.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



ASN_2023_PandL.pdf

Organization's Operating Budget



ASN_Budget2024_Final.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	HRH413
Organization EIN	80-0285340
Year Incorporated	2017
Organization Address	36 Bedford Terrace #2 Northampton, Massachusetts, 01060
Are you a fiscally-sponsored project?	Yes
Name of Fiscal Agent	Points of Distribution
Fiscal Agent's EIN	80-0285340
Fiscal Agent's Organization Address	3910 128th Street E Tacoma, Washington, 98446
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.

- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 1: Western MA

Check the most relevant box along the continuum for your services or activities.

Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Families

People Who Trade Sex

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

HRH413 is dedicated to strengthening drug using communities by full inclusion of PWUD/trade sex through all levels of all service provision. We respect that our participants are the experts in their communities. Our mission is to nurture and strengthen this expertise into highly effective mutual aid, outreach and advocacy.

2. Describe the services your organization provides or the activities it engages in?

HRH413 provides a variety of fully mobile street outreach based services. While our services are available to all, our priority population is people who inject/smoke drugs. We provide Naloxone distribution and training, overdose prevention and education (one of our main missions is to FLOOD our communities with Naloxone. and soft tissue wound care. We have also been working with Streetcheck Community Drug Checking Team to identify changes in our erratic drug supply. We also provide referral navigation and transportation to all support services, especially MOUD and inpatient. What makes us unique is our teams are trained to walk beside our participants through every step to overcome barriers (ie. transportation, insurance etc.) to ease systemic challenges traditional service providers implement. Because many of our participants are experiencing housing insecurity we have started to provide services such as housing

referrals and linkages to trusted organizations we ally with and emergency hotel stays. Because we have built such authentic relationships with our supporters many of these needs are met via mutual aid efforts. For instance if one of our community members calls us at 2 a.m., stranded in inclement weather, they know we will get them somewhere safe inside. We pride ourselves on our ability to meet this need; no one gets left behind. Other services include obtaining IDs health insurance, support for DV/SA support after care and general navigation through daily trauma. We have successfully set up multiple secondary sites throughout Hampshire and Hampden Counties. We have employed only people who identify as active drug users/sex workers from the communities we serve. We focus on underserved communities who can't or won't access traditional fixed SSP sites in our area

which serve predominantly white men and our participants mistrust these sites as a result. Because we hire active PWUD and Sex Workers from their own communities, we have been able to build trust and sustainable relationships with not only people who use drugs but people who sell drugs as well. We work with PWUD and their families who can't or won't use emergency services due to threats to housing, custody of children and freedom in general. Our overdose response team/protocol provided over 200 reversals in the last 3 years without need for emergency services. None of this would happen without the trust HRH413 has earned. We also have relationships and honest dialogue with people who sell drugs and have identified unsafe cuts such as Xylazine and been able to replace them with legal, safe alternative cuts, such as vitamin B12. We work with local businesses (bodegas) encouraging them to carry this safe, legal cut so that people who sell drugs have easy, convenient access. We successfully serve the community because we ARE the community.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

IN MA OD rates have dropped among white drug users. However there has been a significant rise in OD in communities of color, esp. among Black men.

Despite the Good Samaritan Law in MA, our BIPOC participants remain vulnerable to arrest, losing custody of children, housing etc. when reporting an OD. In response, we created an OD response team that's had over 200 successful reversals in the past 3 years. It's critical to note these successes only happen because our outreach teams are members of the community. MA has seen a steady rise in endocarditis especially among Latina women. In ERs the rate of people leaving AMA due to stigma against PWUD we created a drug user

sensitivity advocacy team to help combat these numbers. Last year alone we had a 96% success rate of endocarditis treatment completion, effectively overcoming stigmatized barriers to care in hospital settings. While we recognize the importance of

this data we remain sensitive to the fact our teams navigate communities where drug use and sex work are

highly stigmatized even among people who engage in these practices. What has made this data collection successful is the intricate bonds of trust and community that our outreach workers and participants share with one another. This bond has allowed us to collect invaluable nuanced information such as sellers sharing

their clientele overdose rates (for instance when a new batch is introduced), allowing us to offer alternatives

to potentially deadly cuts. We're committed to the dignity of PWUD and avoids exploiting them for the parameters of public health. Our data collection reflects our success measured not only by a steady increase of new participant enrollment monthly but also high numbers reported back of successful OD

reversals using naloxone directly distributed by HRH413.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

As of this past year about two thirds of our participants identify as non-white/BIPOC with the majority being Black and Brown. It is no secret that traditional brick and mortar SSPs have been systematically set up to serve predominantly cis, white, heterosexual males. Yet public health initiatives continue to replicate this racist dynamic at an increasingly fast rate. One of the major reasons HRH413 was created was to address the racial disparities in syringe service provision. The systemic inequalities that people of color who use drugs

face cannot be dismantled until we deconstruct the very public health models that support classism and racism. The stigma PWUD face is devastating for most but is downright life threatening for people of color. When a person of color chooses to out themselves as a person who uses drugs they face an increased litany of

systemic harms such as arrest, incarceration, lack of adequate health care provision and even death. It is not safe in our current drug using landscape to expect people of color to out themselves as drug users. Instead as

an organization our team members choose to be identified as community organizers. They seek to not only address stigma in society in general but also in their own communities. Leadership begins with addressing their own internalized stigma and leading by example. As a harm reduction organization we collectively have witnessed an increased measure of tokenization of BIPOC people who use drugs and/or trade sex. While we believe this to be conducted from a place of well meaning idealism, we also see how damaging and myopic this practice is. Our very foundation has been built upon not perpetuating the proverbial dog and pony show of tokenization. All of our outreach team members come directly from the communities we serve, which are primarily BIPOC. We are dedicated to the definition of full inclusivity to much more than simply having a seat at the table. All too often, that seat is just that...a seat. In order to be truly inclusive, we must be led singly by the communities we serve. If we do not do so, we remain a part of the problem. We are willing to engage not only in difficult conversations, but also formulate sustainable solutions. These past few years we have been addressing tensions within the harm reduction community around racism and white supremacy. It has become evident there is a need for a protocol with a social justice lens to be created and utilized among us. Without doing so, division will continue to grow and we will fall. Our team meets weekly, led by our youngest member who is a black social justice activist to discuss innovative and non-traditional ways to dismantle and rebuild the current harm reduction lens we are all looking through. While we do not expect our BIPOC team members to provide solutions to every issue or question we face as a harm reduction community, we do look to them for leadership, allyship and direction.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

HRH is held to task by a rotating group of of participants we serve. This was initiated by the participants themselves as a community based strategy to

ensure every decision made by leadership was reviewed and approved by the people to whom HRH413 provides services. The agenda for these meetings is created by the community and the meetings are also facilitated by community members. We have implemented vital changes to our organization such as increased

evening hours and sex worker specific outreach as a direct result of gaps in our service provision pointed out

by participants. We owe our success solely to our participants. It is the no barrier model we use which has allowed us to create full inclusion of PWUD. We also hold monthly focus groups to ensure the needs of our community are being fully met and transparency is always centered. Our Director, [REDACTED] is constantly deeply entrenched in the population we serve, which gives us a fluid line of communication and rare view into cultivating our program to meet the needs of our folks. She seeks their council on every aspect of our program, from developing policy to hiring processes. HRH413 believes that that the people we provide front-line services to are truly the experts in their own lives. We don't them baked into the proverbial public health cake. They ARE the cake! It is simply not enough to include the voices the people we serve; we must have them lead every facet of organizing and service provision.

6. What steps has your organization taken to create a more inclusive work environment?

HRH3413 was created to fill the gap in effective frontline service provision created by traditional public health led/funded SSPs. Since our beginning, we made a crucial decision to only hire directly from the communities we serve. While we recognize lived experience is not required to be an effective harm reductionist, we remain steadfast in our belief there is no substitute for the experience and knowledge an active PWUD brings to the work environment. 100% of our staff members identify as people who actively use drugs. All of our policy and

procedure has been written collectively by our Director and staff. We fully engage in only hiring from the most

vulnerable and most impacted communities. We have built our work structure (such as hours worked, time off etc.) based specifically on the unique needs of people directly affected by racist and classist drug war

rhetoric. We acknowledge the continuum of drug use can range from recreational to wildly chaotic. As our staff navigates this continuum we have encountered situations impacting their ability to be present and reach their full potential as outreach staff. Rather than address such

concerns with punitive measures, we choose to meet each staff member where they are at and create individual work plans best suited for whatever place they are in their lives. Implementing a team based system, has allowed us even more flexibility to meet individual needs by sharing responsibility we have created a system where a person can step out as needed without losing their position, and we can support them throughout. This simple but highly effective model has allowed us to develop one of the few if not only drug user led/run SSPs in the entire country. We also hold monthly DEI trainings ranging from queer culture 101 to dismantling white supremacy.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Successfully creating the first mobile Black and Brown led mobile outreach organization in Massachusetts. From our inception our vision of HRH413 was to build something sustainable, identify and empower leaders and then step back. This is how true harm reduction was founded and strengthened: sharing and transfer of power through communities. Over the next three years we are planning a succession of leadership and our current director will step into a supporting role.

2. Leadership building We will send HRH413 team members to shadow BIPOC led SSPs to deepen knowledge and fortify ties to HR practitioners and programs across the country. We have identified three organizations: Peer Network of New York, The Connecticut Harm Reduction Alliance led by [REDACTED] and B'More Power. Our goal is to have our team members gain skill set and expertise by shadowing the leadership of these organizations over multiple onsite visits and virtual consultation. We are also in negotiation, pending funding, with Joy Rucker and Monique Tula of BEAM to cultivate mental well being and leadership among our Black team members.

3. Drug Checking (year two): Currently we are working intermittently with Street Check ([REDACTED]) to provide drug checking for both people who use and sell. Our goal is to purchase a portable FTIR spectrometer to provide real time drug checking while in the field.

4. Procuring a fixed site (year three) While we recognize we are mobile, over the past years we have grown far more and faster than we imagined doing. We will always stay committed to street outreach but as we build a Black and Brown led SSP, we recognize the need for a fixed site, preferably in Holyoke. This would allow us to implement life saving overdose interventions such as safe bathrooms or even an OPS.

5. Staying authentic!

We know we are not a traditional program. We pay people with cash stipends and we take what are perceived as risks by hiring those most would never consider. By doing so we are channeling money and opportunity directly to the communities we serve while also building leadership. Our boundaries are fluid but

ethical. Yet as our data proves, we manage to run circles around traditional public health funded service providers. We are the largest distributor of safe smoking supplies in the area. We attribute this success to our participants being as invested in our organization as

we are. Because we have been able to build such trust and respect with our participant we have become support for their families as well.

We have become part of these families, bonded by the massive losses incurred by the drug war. We greet them when they are released from the bogus prison system. We bury their children and grieve along side them. We cannot allow our growth to be co-opted by the traditional public health model.

8. How will the funds help you achieve your goals?

In order to build the first sustainable Black and Brown led mobile SSP in Ma, we are in visceral need the requested funding amount of 150k. We have a three year goal of transitioning leadership over to two new co-directors, both of whom would receive an increase of 15k each (yearly) to their (very small) existing salary. 10K would go to our

current director to help support her increased role in training new leadership. We would also use the funds to cover our team travel expenses to learn from other established BIPOC harm reduction led programs over year one of funding. This will allow our team members and new leadership cohort to build

connections and relationships with mentors. We need to pay monetary compensation to these organizations as well. For far too long, they have been expected to pass their experience on for free. To expect BIPOC orgs to do so is yet another act of white supremacy.

We are committed to the fact that consistent real time drug checking can effectively end overdose. By having the funds to purchase our own FTIR, We could build out a daily sustained schedule of real time drug checking, a service desperately needed. the funding will also allow us to pay Street Check to train our team in the nuances of drug checking.

Having funding to rent our own fixed site would open a world of opportunity we are currently missing. With secured funding, we could finally open a drop-in space (even a very small office sized one) that would allow us to provide services such as onsite bupe induction, and as mentioned above, a fixed site "underground" safe use site. This would also lend even more legitimacy to HRH413's new leadership and help them be even more successful.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



POD 990 Letter 2024.pdf

Organization's Operating Budget



HRH413 2024 Budget.pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Institute for Human Centered Design

Organization EIN

04-2785256

Year Incorporated

1983

Organization Address

560 Harrison Ave. Suite 401
Boston, Massachusetts, 02118

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]

Title

[REDACTED]

Preferred Pronouns

she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 225000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Statewide

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Families

Veterans Older adults Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

The Institute for Human Centered Design (IHCD), located in Boston since 1978 is a design and education non-profit focusing on the role of design in social equity for people at the edges of the social and economic spectrum, people with disabilities, older people, and people from cultural and racial minorities.

2. Describe the services your organization provides or the activities it engages in?

IHCD’s work balances expertise in legally required accessibility with promotion of best practices in inclusive design. IHCD has been home to the New England Americans with Disabilities Act (ADA) Center since 1996. The ADA Center is grant funded by US Health and Human Services.

IHCD’s New England ADA Center explains rights and responsibilities under the ADA through the definition

of a "protected class" of people with disabilities. ADA Center services consist of: technical assistance, training, capacity building and research on the ADA to individuals, employers, state and local governments, businesses and non-profits at the local, state and regional levels. The ADA Center is one of 10 ADA Centers nation-wide all connected by a single toll-free 1-800 number to respond to ADA questions.

There are thousands of people with addiction and in recovery who are unaware of their civil rights protections under the ADA. The ADA prevents discrimination and provides protections for people with Alcohol Use Disorder (AUD) and Substance Use Disorders (SUD) in all aspects of public life, including work, education, health care, the justice system, housing, state and local government services, programs and activities, and all public and private places where the public goes to access goods and services. The ADA is clear-addiction is a disability.

The ADA Center (will be referred to as The Center) has a 28-year track record of providing ADA Services on all areas of the ADA and is acting on IHCD's research in 2020 about the relationship between inequity and racism and disability undertaken to mark the 30th anniversary of the passage of the ADA. That Changing Reality of Disability in America 2020 project [see report and documentary film:

<https://www.humancentereddesign.org>] was an initial investigation into the pattern of disconnection between communities with the highest prevalence of disability (Black, Indigenous and People of Color (BIPoC) and low-income rural whites), the lack of attention to this persistent phenomenon after 30 years and the lack of engagement by these communities with ADA services and civil rights.

Knowing one's rights can have a transformative effect on how we treat and care for one another in this country. Civil rights are a guiding force in combating discrimination often misidentified as stigma for people with AUD and SUD. The challenge that we are poised to do is outreach, training, technical assistance and ADA information development for people of color in addiction recovery.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Over the years, much has changed for people with disabilities to improve equal access to employment, and state and local government and public accommodations, while very little has changed for people with addiction recovery in these same areas. Today, 34 years after the passage of the ADA, some progress has been made, however, many in recovery are unaware of their civil rights under the law. The part of the ADA that addresses Alcohol Use Disorder (AUD) and Substance Use Disorder (SUD) is the most underutilized part of the ADA.

Since 2018, the ADA Center's expertise has been to apply the ADA to addiction and recovery and proactively reach out to people with rights and to listen to their stories. The ADA Center Director attended 25 Learn to Cope nightly meetings providing training and answering questions about their loved one's ADA rights. The Center provided training for the Massachusetts Organization for Addiction Recovery (MOAR), and Massachusetts Association of Alcoholism and Drug Addiction Counselors. The Center also created the ADA, Addiction and Recovery Toolkit with the National Hispanic and Latino Addiction Technology Transfer Center, and SAMHSA's New England Addiction Technology Transfer Center. The Center presented for: the Opioid Response Network, National Association for Addiction Professionals (NAADAC), the Maine and New England Association of Recovery Residences. The Center led the ADA National Network in creating The ADA, Addiction and Recovery Fact Sheet Series; and published an article in NAADAC's Magazine on How the ADA Addresses ADA, Addiction and Recovery (Spring 2020).
<https://www.naadac.org/advances-in-addiction-recovery>.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Reflecting the Communities We Serve

IHCD has a national team of 29, a national board of 17 and a reliable annual supplement to the core staff who are paid interns, coop students, doctoral candidates and post-docs from colleges and universities across the US and internationally. IHCD affirmatively hires people with lived experience of disability and recruits board members from BIPoC communities with lived experience of disability. More than half the staff have disabilities. IHCD also affirmatively seeks people from Black, Indigenous and People of Color

communities within commuting distances to our office because that cross section of disability and culture/race is an invaluable asset to our consulting, design services, education and research.

The Accessibility of Everything

The Center's technical assistance training and dissemination materials are available in alternate formats: Braille, digital, closed captioned, large print, and audio taped. Materials generated by The Center are designed to be fully accessible. Our videos are captioned and audio described and the web site and web courses are fully accessible. The Center ensures that all Information and Communications Technology (ICT) developed and maintained for dissemination is in compliance with W3C/WAI's Web Content Accessibility Guidelines (WCAG) 2.1 AA. Our ICT design goes beyond the suggested use of WCAG 2.1 AA by addressing the communication barriers of aging, literacy, English as a second language, and a variety of disabilities, including a broad spectrum of sensory, brain and the mixed functional losses common to older people.

It is equally important that all our information, whether it be print or on-line, be current, be accessible, written in plain language and easy to understand. This long-time IHCD commitment must now be expanded in recognition of who's left out: BIPOC communities and low-income rural whites. Our plan starts with a commitment to engage, learn and listen and recognize that we do not know how to solve this problem unless we turn to the people who are currently left out to define and solve the problem.

Languages

Our staff are fluent in English, Spanish, Portuguese and French, and respond to ADA questions in all four languages.

IHCD's User/Expert Lab

IHCD's User/Expert Lab ensures the highest level of accessibility and usability. "User/Experts" are people across the spectrum of age and culture with lived experience of one or more disabilities. A user/expert is a person who has developed expertise by means of their lived experience in dealing with the challenges of the environment due to a physical, sensory or cognitive functional limitation.

IHCD has an established database of user/experts who range from adolescents to people in their '80s. Everything we do is reviewed by a user expert. For example, in developing fact sheets on the ADA, Addiction and Recovery, this was done in tandem with people in recovery.

Addiction Recovery Trainings

Addiction Recovery trainings are continually developed by listening to people with addiction and recovery, their family members, and addiction counselors. From listening, we create scenarios and apply how the ADA and other disability rights laws apply to discrimination under the law.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The development of our addiction recovery webinars and ADA information on addiction and recovery are based and continue to evolve from the voices of people with addiction, their family members, addiction counselors, disability organizations, health care professionals, and most recently recovery residence operators.

Our ADA Research is Grounded in a Participatory Action Approach

A current ADA Center research project 'Effective Methods for Engaging People of Color with Disabilities with the ADA: A Participatory Action Research (PAR) Approach seeks to understand attitudes towards disability in communities of color and their preferred tools for information and communication about their rights under the ADA. We are analyzing data from 90 surveys and 10 interviews from Massachusetts Pilot Study and have significant insights as to next steps to bring this story to a wide range of communities including health and human service providers. Boston Center for Independent Living's Multi-Cultural Center has been a key partner in the pilot study. Also, PAR experts at the Healthy Neighborhoods Study in Boston.

Research questions:

- 1) What do you know about the ADA?
- 2) What do you think about disability and who that describes?
- 3) Where do you go to get information you trust?

Our outcomes: the development of culturally responsive information on the ADA with POC, and place ADA information where POC get their trusted information.

Conducting community outreach and collaborating with others

The ADA Center received an award from the Massachusetts US Attorney's Office for excellence in extensive outreach promoting protections under the ADA to people with opioid use disorder, their family members, and addiction professionals; vastly extending the scales of the work the Massachusetts Department of Justice does.

In designing trainings, Center staff designs trainings with audience needs in mind. This takes working with the audience before a training, during, and follow-up after one.

6. What steps has your organization taken to create a more inclusive work environment?

We continually assess our policies to ensure that at least 50% of employees have disabilities or lived experience with a family member with a disability. We have hired staff that come from diverse cultures and with English as their second language.

IHCD actively recruits staff, consultants, and interns with a priority on diversity of ability, culture and age. Outreach is done through advertising and direct communications with disability and multi-cultural organizations. We are committed to persistent outreach to expand the number of staff from BiPoC communities. IHCD's international work demands multi-lingual capacity that benefits all of our projects and has been consistently extended to the ADA Center. Currently, our linguistic capacity, beyond the Spanish, Portuguese and French noted above, includes Arabic, Hindi, Dutch, German, Cantonese, Mandarin & Creole French.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

We have six years of building expertise, including extensive collaboration, on this complex topic in the New England states and around the country and we intend to expand to the dramatically underserved people of color communities and people living in rural communities where the epidemic is raging in Massachusetts cities and rural towns.

The ADA Center intends to focus on people with addiction and recovery in Massachusetts with rights under the ADA who have scant if any awareness or knowledge of the ADA. And specifically, those who have not knocked on the door of the ADA Center. The Mosaic Grant will help us understand the evolving and complex needs of people of color with addiction, in these communities and how to engage them with the ADA. Furthermore, we'd like to partner with each community to design culturally sensitive ADA information.

Goal #1

The first goal is to partner with an addiction recovery organization that serves people of color. Then, to partner with an addiction recovery organization that serves rural areas. And for Center staff to participate in informal existing meetings where people gather to share their struggles with recovery and get support. We would:

- Provide a 30 minute presentation on protections under the ADA.
- Ask people to share their experiences and the Center will provide the ADA's application.
- Ask about barriers and facilitators to learning about ADA rights.
- Offer our toll-free ADA phone#, and contact information to state and local resources, such as: Independent Living Centers, the Massachusetts Office of Civil Rights and more.

Short 30 minute informal presentation includes:

- How is it that addiction is a disability under the ADA?
- Scenarios around alcohol, cocaine, opioids and heroin and other drugs

- Describe ADA rights to medication for opioid use disorders (MOUD)

Goal #2

The Center staff will ask:

- Was this information useful?
- In what format or method would ADA Information be most useful?
- Where do you get trusted information?
- Would people like to be a part of designing the ADA information?

Goal #3 Designing ADA information on Addiction with POC and people in rural areas in recovery leading the process.

- A gathering of POC in recovery, information designers, and ADA specialists to participate in the design of ADA information that would engage people with the ADA.
- A gathering of people in rural areas, information designers, and ADA specialists to participate in the design of ADA information that would engage people with the ADA.

Goal #4 Place ADA information in places where POC and people in rural areas have identified they get their trusted information.

Outcomes:

- New culturally responsive ADA materials (maybe short videos on YouTube, or fact sheets, we don't know yet) for both communities and placed where both each community gets their trusted information.
- Trainings on the how the ADA Applies to Addiction and Recovery addressing POC issues and rural issues.
- Increase ADA questions to ADA Center hotline.

8. How will the funds help you achieve your goals?

1. Documentation of the issues of people in recovery in these two communities face, and barriers to engaging with the ADA.
 - a. Documentation will consist of note taking during group presentation meetings.
2. Documenting the process of developing new culturally sensitive ADA materials (notes and photos).
 - a. Looping back to the meetings with ADA Materials developed with and in response to participants for feedback.
3. Placing ADA Information in places where POC and rural people get trusted information.
 - a. ADA information distributed in places people trust will hopefully increase the number POC and rural people with addiction that contact us about their ADA rights.
4. Data collection to measure technical assistance contacts
 - a. We will continue to collect data on race when a person contacts us with an ADA question by phone, e-mail, Zoom, relay, web, in-person and Live Chat.

The question we ask people who contact us with an ADA Question is: Our funders have recognized that we need to improve our outreach to multicultural communities. So, we want to know who is calling us. We are asking for callers to voluntarily identify by race and ethnicity? Out of 1,938 TA contacts:

- 72.96% White
- 5.62% Black or African American
- 4.70% Hispanic, Latino, Spanish
- 0.98% Person of Color

- 0.93% Middle Eastern / North African
 - 0.93% Asian
 - 0.46% American Indian / Alaska Native
 - 0.21% Some Other Race
-
- 5.57% No Response
 - 4.95% Declined

Data collected to date will be used as a benchmark. When the Mosaic Grant begins we will be able to determine if our Mosaic work is increasing contacts with the ADA Center in terms of asking ADA questions about addiction recovery.

Goal #5 Update trainings to include emerging issues for POC and people in rural communities.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



IHCD Audited Financial Statements.pdf

Organization's Operating Budget



IHCD Annual Operating Budget.pdf



Wednesday, June 12, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Jeremiah's Inn

Organization EIN

22-2567080

Annual Operating Budget

\$2,200,000

Year Incorporated

1982

Organization Address

PO Box 30035/1059 Main Street
Worcester, Massachusetts, 01603

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]

Title

[REDACTED]

Preferred Pronouns

she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 2: Central MA

Check the most relevant box along the continuum for your services or activities. Treatment

Check the Priority Population(s) you serve or aim to serve (select all that apply). People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Jeremiah’s Inn uses a Social Model to provide residents with a safe environment in which to begin recovery. We foster a sense of community and mutual aid through partnerships, volunteerism and our Nutrition Center. Our vision is to help people better their lives in order to better our community.

2. Describe the services your organization provides or the activities it engages in?

Jeremiah’s Inn operates a 29 bed Residential Recovery program for men, ages 18+ from across the Commonwealth. We are listed with the MA Bureau of Addiction Services as an American Society of Addiction Medicine level 3.1 Co-Occurring Capable Residential Rehabilitation Services program. As such, the program adheres to the ASAM 6 Dimensions of Change in Screening, Assessing, Treatment Planning and Delivery, and Discharge and Aftercare Planning. We offer 14 clinical psycho-educational groups per week, which are aligned with the Six Dimensions of Change: “Getting Started/Understanding My Co-Occurring Condition,” “My Individual Change Plan,” “Managing My Emotions,” “My Healthy Thinking,” “My Healthy Relationships,” “My Life Skills,” and “Maintaining My Positive Changes.” In addition, there are groups that address Early Recovery, Anger Management, Nutrition, Tobacco Cessation, HIV/AIDS and Hepatitis C. Through our Wellness Program, residents experience a holistic treatment approach, participating in Movement Therapy, Reiki, Meditation, Mindfulness, and other activities such as hiking, disk golf and the local sober softball league. A group membership to the YMCA of Central MA is also made available for the residents to use.

Along with the ASAM Six Dimensions of Change, we utilize the Social Model, a peer-oriented program of experiential learning. Men learn from one another as they live their way into recovery, giving and receiving help. Residents work with their case manager to develop individual recovery plans that give focus to their efforts. They share rooms, receive meals, have access to clothing, and participate in programs and services that move them closer to their goals. Those seeking vocational training can participate in our

Vocational Training Program, working in our food pantry where they receive support and can learn core employment skills such as responsibility, accountability, team work and effective communication. The training and experience can be used on the participant's resume and references can be provided to potential employers.

Jeremiah's Inn is consistently listed in the top 10 programs in MA vis-a-vis outcomes. In 2023, our program completion rate was 63%, vs. the 32% state average. We are a leader in the field, adopting electronic medical records and the Six Dimensions of Change before required. We are one of few publicly-funded programs offering a wide range of alternative modalities.

We have extended the continuum of care by opening a Sober House, which is at full occupancy with 15 residents. A full-time live-in house manager provides support and oversight.

We also run a food pantry -- serving 14,000+ people/year -- and are BSAS approved to provide free overdose awareness and response training. In 2023, we provided training to 7 organizations and distributed 300 doses of Narcan, which resulted in 3 overdose reversals (reported).

We have a seat on the advisory boards of the Worcester Annual Recovery Walk and Overdose Vigil. We belong to the Statewide Recovery Homes Collaborative and served on the subcommittees for Workforce Development, as well as the task force that formulated the RHC response to the Chapter 257 Rate Setting. We are also part of a core group that meets monthly with Director of BSAS.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

We serve men ages 18+ from across MA who are struggling with a Substance Use Disorder, and have at least 2 weeks of sobriety (we cannot provide detox services). We serve 29 men at a time for 6 months. Most men who turn to us for help have been struggling with substance abuse for many years, and/or have been in treatment multiple times. Some have been in jail; others have experienced homelessness.

We continually interview men who are referred to us from a variety of sources. Our client are relatively diverse: they range in age from early 20s - 60s, and are Caucasian - 69%, Hispanic/Latino - 18%, Black - 6%, American Indian/Alaska Native - 6%, Asian - 1%. Please note that the majority of Hispanic men are referred to Hector Reyes, a social model program specifically designed for Latinos.

Clients attend 14 clinical psycho-educational groups (offered weekly and aligned with the Six Dimensions of Change) as well as Early Recovery, Anger Management, Nutrition, and, as needed, Tobacco Cessation, HIV/AIDS and Hepatitis C. Through our Wellness Program, residents experience a holistic treatment approach, participating in Movement Therapy, Reiki, Meditation, Mindfulness, and activities such as hiking, disk golf and sober softball (league). A group membership to the YMCA of Central MA is available for the residents to use.

During their stay, the men learn from one another as they live their way into recovery, giving and receiving help. Residents work with their case manager to develop individual recovery plans to provide them with structure. They share rooms, receive meals, and participate in programs that move them towards their goals. The men can participate in our Vocational Training Program, working in our Nutrition Center, learning core employment skills such as responsibility, accountability, team work and effective communication. After 30 days, they can seek outside work as appropriate.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

At Jeremiah's Inn, we take accessibility and equity seriously. We live by our values: professionalism, teamwork, community and compassion. We want to make a difference and be in service to others. This permeates everything we do and informs every decision we make.

We have an access ramp at the front of the building, and when needed, convert our 1st floor conference room into a bedroom to accommodate disabled clients. We have translated all of our food pantry

materials into the 5 most frequently spoken languages. We conduct consistent community outreach and partner with other nonprofits to ensure Worcester residents are aware of our services.

Worcester has the highest rate of deaths caused by opioid overdoses in MA. The City saw the largest increase in opioid overdose deaths from 2021 (123) to 2022 (168), and was the largest increase in overdose fatalities for the city in five years. We are approved by BSAS to provide overdose awareness and reduction training and to distribute Narcan to reduce overdose deaths. Last year, we provided 7 trainings, distributed 300 doses of Narcan and prevented 3 deaths (that we know of). We do all we can to reduce harm.

As a publicly-funded program, we are open to men, age 18+ from across the Commonwealth who have at least 2 weeks of sobriety. We work closely with each new client to identify his needs and create a customized recovery plan to meet them. Our client population is diverse (please see question 3 for more details) and most are low- to very-low income. Some are coming from jail; others have been homeless. Some of them arrive with just the clothes on their back.

Jeremiah's Inn is committed to providing a workplace that includes people of diverse backgrounds and fully utilizes their talents to achieve its mission. We believe that a diverse workforce and inclusive workplace culture enhances the performance of our organization and our ability to fulfill the agency's mission.

We are committed to being an organization of individuals who treat coworkers, clients, applicants and vendors with consideration and respect. We are dedicated to fostering and supporting a workplace culture inclusive of all people regardless of their race, color, ethnicity, national origin, ancestry, gender, sexual orientation, socio-economic status, marital status, veteran status, age, physical or mental disability, political affiliation, religious beliefs or any other non-merit fact, so that all employees feel included, equal valued and supported.

At a staff meeting each year, we review our Culturally and Linguistically Appropriate Services (CLAS) plan, and adapt it as needed. We are required to submit an updated CLAS to BSAS annually.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

BSAS conducts a survey of the men once/month and shares the results with us, which we use to make program improvements. The most recent survey placed us in the top ten or better in every category.

Beyond this, we hold weekly House Meetings where residents establish their roles of engagement for the coming week, raise concerns or make complaints, and iron out any issues that are related to the running of the Inn. Our Director of Operations has an open door policy for residents to raise concerns directly. They may also do so with any of the Case Managers.

We provide a survey to our food pantry clients each spring, in both English and Spanish, using the information to adapt the pantry to better meet the needs of our clients.

People are welcome to call us to discuss concerns. We take these inquiries seriously, and work to resolve them. They are also welcome to send an email. A dedicated staff person monitors this in-box and passes concerns to the Director of Operations, who responds as needed. We participate in a number of local and state-wide efforts, as well (please see question 2 for more detail).

Internally, we also ensure that staff have a voice. Case Manager meetings are held weekly, during which we discuss patient progress or lack thereof and work as a team to find ways to increase patient engagement. At this meeting, Case Managers also share any concerns that have been brought to their attention.

We hold all-staff meetings once/month. The Sacred Cow and Six Sigma presentations are delivered annually. We use Six Sigma methodologies in all aspects of problem solving, process development, implementation and improvement. We also do an annual SWOT as part of our "Constant Quest for Continuous Improvement."

6. What steps has your organization taken to create a more inclusive work environment?

Several years ago, we conducted a rigorous evaluation of our hiring policies and practices, and our personnel manual. We also translated all of our food pantry materials into the 5 most frequently spoken languages.

We seek to recruit persons of diverse backgrounds and support the retention and advancement of diverse persons within the agency. Jeremiah's recognizes that the diverse knowledge, perspectives, ideas, experiences and qualities of all employees are critical to our success and the success of our clients. In accordance with law, all action relating to an individual's employment (e.g. hiring, rate of pay, training opportunities, promotions, performance evaluations, termination) are made according to the individual's capabilities and accomplishments.

The leadership and employees of Jeremiah's are committed to achieve and support the ongoing commitment to a diverse and inclusive workplace. It is the duty of every employee to create an environment conducive to our non-discrimination policies. Any employee found to have acted in violation of this policy will be subject to appropriate disciplinary action, up to and including termination. We review our Culturally and Linguistically Appropriate Services (CLAS) plan on an annual basis and submit it to the state.

The diversity of our staff is as follows: 2 staff members are Black (one is African); the rest are White. However, one is Albanian and fluent in Spanish, and works with the Latino patients. As reminder, the majority of Latino men seeking publicly-funded treatment are referred to [REDACTED]. If we were to see a consistent uptick in Latino patients, we would recruit more Spanish-speaking staff for the residential program.

[REDACTED] -- Director of Operations -- and [REDACTED] -- Communications Coordinator -- have attended three levels of DEI training provided by BSAS. In an effort to make everyone feel welcome, all staff email signatures include preferred pronouns.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Given that Worcester has the highest opioid overdose death rate in the Commonwealth, there is a clear need for more treatment beds, as well as structured, supportive sober housing to provide those in recovery with additional care once they leave treatment. Within the next five years, we intend to:

- 1) Hire a certified recovery staff person to live on site at our Sober Home(s) to provide support, counseling, transportation (e.g., to meetings, appointments and job interviews), assistance with job searches, and provide them with emotional and recovery support.
- 2) Expand safe and supportive sober housing by opening 1-2 more MASH certified sober houses in Worcester, thereby extending the continuum of care. At present, there is a dire shortage of true sober housing - most of what are tagged "sober homes" are unstaffed apartment buildings owned by landlords who have no experience with recovery. Our existing Sober House has a live-in house manager, but we will soon replace him with a certified recovery coach. We will use this model at all additional sober homes we create.
- 3) Expand the model of Level 3.1 Co-occurring Capable level of treatment, either by opening additional Residential Programs or incorporating programs that are struggling to survive. Given that we're consistently listed among the Top 10 programs, we have the experience, leadership and track record to help struggling programs not just survive, but thrive under our guidance. Given the dire need for treatment beds, we believe we can expand the continuum of care by first stabilizing, then expanding, these treatment facilities.
- 4) Explore the feasibility of opening a Co-occurring Enhanced Level 3.1 (with medical and psychiatric staff on site) to create a smooth transition in the continuum of care. This will allow clients to maintain their sobriety as they transition from one type of care to another.

8. How will the funds help you achieve your goals?

Funding will help us:

- 1) Hire a full-time, certified recovery coach for our existing Sober Home.
- 2) Gain site control of 1-2 more buildings so we can then leverage funding to renovate them and turn them into MASH certified Sober Homes.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Jeremiah's Inn 2023 Financial Statem... .pdf

Organization's Operating Budget



Js Inn 2024 Approved Budget_6-12-24.xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Joseph Nee South Boston Collaborative Center

Organization EIN

20-3681552

Year Incorporated

2005

Organization Address

25 James O'Neill St
Boston, Massachusetts, 02127

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 6: Boston area

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

Youth Veterans Older adults

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

The South Boston Collaborative Center’s mission is to provide quality substance use and mental health treatment and prevention services to the Greater Boston community, regardless of status or ability to pay. The Center operates with the principal that no life, regardless of social standing, should be in any way unfulfilled.

2. Describe the services your organization provides or the activities it engages in?

The South Boston Collaborative Center, which is licensed by the Department of Public Health to provide substance abuse and mental health treatment, is an outpatient community-based clinic working with substance use disorders by providing counseling and psycho-educational services to residents of the Greater Boston area in partnership with the Boston Public Health Commission.

At the Collaborative Center we use a harm reduction approach to treatment, which reinforces behaviors that promote healthy decision-making with the goal of reduction and ultimately a cessation of drug use. Using motivational and cognitive/behavioral intervention, our clinicians guide clients through the process of developing the skills that help them build on past successes and assist them to re-enter treatment quickly if relapse occurs.

Upon intake, counselors and case managers create a 30-day treatment plan for each client, which may include individual and group counseling, consultation with outside services, and Medication-Assisted Treatment (MAT). In 2023, the Center established a MAT program and recruited a Nurse Practitioner so that high-risk clients may receive on-site treatment at our Center at 25 James O'Neill St.

The Collaborative Center provides an integrated approach to treating opioid use disorder (OUD) through a Recovery-Oriented System of Care:

- No single treatment is appropriate for all individuals. The staff at the Center uses process of assessment and evaluation to determine the most appropriate type of treatment an individual might benefit from.
- Treatment needs to be readily available. The Collaborative Center is easily accessible by foot or by public transportation as well as through telehealth. Those seeking treatment are welcomed and encouraged to walk in the door and receive assistance that day.
- Remaining in treatment for an adequate period of time is critical for effectiveness. Our program model is built on the understanding that many clients will be ambivalent about treatment and it is the responsibility of our staff to support them through ongoing support and outreach. For those who struggle to follow through with treatment, the staff actively reaches out to reengage for at least thirty days post-intake. This extended effort can ultimately mean the difference between life and death.
- Medications are an important element of treatment for many patients. In addition to providing on-site MAT, the Collaborative Center's case managers assist patients who require medical, psychiatric, and other specialized care services from partnering providers, including Boston Medical Center and South Boston Community Health Center. This specialized care greatly increases positive health and recovery outcomes for patients with co-occurring disorders.

Additional services:

Families: The Collaborative Center also assists family members in navigating a complex service system to obtain services for themselves or loved ones. These family connections are a critical part of staff's ability to engage and retain clients in treatment and recovery services.

Youth Prevention: The Collaborative Center runs a youth prevention program for at-risk youth in the South Boston Area. This program works in partnership with the Youth Ambassadors from the South Boston Community Health Center and other community non-profits. It meets twice a week for 40 weeks/year.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The clients who receive services at the Collaborative Center are primarily low-income, marginally housed, or living in residential programs on fixed incomes. Many patients are in early stages of recovery from opioid dependence and are at a high risk of relapse or overdose. In addition, many have traumatic histories and struggle with mental health issues such as anxiety, depression, or post-traumatic stress.

In 2023, 89% of individuals screened and assessed at the Collaborative Center were diagnosed with a substance use disorder that included opioids, either singly or in combination with other substances, including alcohol. On average, 40% of our client population is opioid dependent, and often receive Medication-Assisted Treatment (MAT) in addition to counseling.

Additional client demographics (Average from 2019-2022)

Male: 71%

Female: 29%

White: 70%

African American: 19%

Hispanic/Latino: 9%

Asian: 1%

Unspecified: 1%

Age(years) :

18-24: 6%

25-44: 68%

45-64: 25%

65+: 1%

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Health Literacy:

Clinicians at the Collaborative Center Clinicians employ a multifaceted approach to assess health literacy in adults, ensuring that individuals can understand and engage with their health care effectively. Health literacy is crucial for enabling patients to make informed decisions, follow treatment plans, and manage their conditions. This comprehensive approach is vital for improving health outcomes and empowering our patients and includes:

- Initial Assessment
- Observational Techniques
- Patient Education Materials
- Ongoing Communication

Accessibility:

Location:

Founded in 1997, the South Boston Collaborative Center has long-standing ties to South Boston and surrounding communities. Located at 25 James O'Neill St, the Center is embedded in the community, right between Dorchester and South Boston, two neighborhoods hard-hit by the opioid epidemic. Our location means we can provide accessible treatment to many vulnerable and marginalized community members. For example, homeless individuals near Melnea Cass Boulevard are often referred to the Collaborative Center for opioid use treatment through the Boston Health Care for the Homeless Program. Our proximity to Andrew Square and public transportation also helps maximize access.

Telehealth:

Telehealth at the Collaborative Center significantly increases accessibility for patients seeking mental health treatment and opioid use recovery by breaking down numerous barriers to care:

- Geographical Barriers
- Flexible Scheduling
- Reduced Stigma: Telehealth provides a level of privacy and anonymity that can reduce this stigma, encouraging more people to seek help.
- Immediate Access to Care: Telehealth enables more timely access to care, which is crucial for individuals in crisis or those needing immediate support.
- Continuity of Care: For patients in opioid use recovery, continuous support and monitoring are vital. Telehealth facilitates regular check-ins and follow-up appointments, ensuring that patients remain engaged in their recovery process and receive ongoing support.

Language Assistance:

All intake forms and office signs at the Collaborative Center are available in English, Spanish, and Portuguese and are written with health literacy in mind. Staff members prioritize language assistance needs and refer clients to local resources and agencies where their language needs can be met. These organizations include Casa Esperanza, and the South Boston Community Health Center.

Referrals:

The courts are another one of the primary referents for OUD treatment services at the Collaborative. Court referrals facilitate access to our substance use treatment services and contribute to more accessible and

equitable health care. Some effective measures are:

- Diversion from Incarceration: Court referrals may provide an alternative to incarceration for individuals with OUD, ensuring they receive appropriate treatment instead of punitive measures.
- Early Intervention: Early intervention can lead to better long-term outcomes for the patient.
- Holistic Support: Referrals to the comprehensive support services at the Collaborative Center such as therapy, medication management, substance use treatment, and social services.
- Equitable Access: Referrals ensure that marginalized and underserved populations, who are often overrepresented in the criminal justice system, have access to substance use treatment services and mental health care. This promotes health equity by providing services to those who might otherwise face significant barriers to care.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Surveys & Social Media

We use follow-up surveys with Likert scale and open-ended questions to gather comprehensive feedback from the people we serve, ensuring our programs remain responsive and aligned with their needs. Additionally, we actively solicit feedback on social media platforms like Facebook, LinkedIn, and Instagram, fostering an inclusive environment where the community can contribute to the continuous improvement of our services.

██████ Story

Client experiences often reveal insights that surveys alone cannot capture. Meet ██████, who first sought help at the Collaborative Center a few years ago for opioid use disorder (OUD). After being clean for over a year, he relapsed this past month following a medical procedure.

Determined to get back on track, ██████ boarded the Red Line to reach the Collaborative Center. However, the route was diverted due to maintenance, leaving passengers to find alternate routes. Frustrated and close to giving up, Steve met a conductor who was assisting commuters. When asked about his destination, ██████ mentioned the South Boston Collaborative Center. The conductor immediately brightened and shared his own story.

Twelve years ago, the conductor faced mental health and substance use challenges and was referred to the Collaborative Center. There, he received the crucial support and treatment he needed. Today, he remains sober and uses his lived experience to help others find their way to recovery.

This encounter underscores the profound impact of the Collaborative Center within the community. Its influence extends far beyond immediate treatment, fostering long-term recovery and resilience. The conductor's immediate recognition and endorsement of the Center illustrate its enduring community ties and lasting impact. Such stories demonstrate how the services provided by the Collaborative Center continue to shape lives positively, even years later.

6. What steps has your organization taken to create a more inclusive work environment?

The Collaborative applies culturally appropriate policies and practices and values continuous improvement on an ongoing basis. All staff members participate in multicultural training to increase awareness and enhance positive health outcomes. This training emphasizes CLAS standards, including the following:

- Being responsive to individual cultural differences and practices through discussion of the following:
 - o How factors such as race, ethnicity, sexual orientation, gender identity, socioeconomic status, and disability impact access to healthcare.
 - o Recognizing and respecting cultural differences between staff and individuals receiving care.
 - o Practicing techniques for effective communication to ensure equitable access to care and positive health outcomes.
- Ongoing training and discussion for staff to reflect on their own limitations and biases.
- Redressing the power imbalances in patient-provider dynamics.
- Applying trauma-informed care, which respects the dignity and worth of each individual.
- Engaging individuals across diverse networks to promote a continuum of prevention and treatment: Counselors and case managers regularly work with area organizations and agencies to ensure that all patients have access to the health and language services they need.
- Using informed and affirming language to enhance and support recovery.

Leadership & Governance

At the Collaborative Center, governance is a dynamic process involving the board, staff, and patients. Our board members actively engage in addressing current conditions, notably the opioid crisis. Over the past three years, we have diversified our board to better reflect the community we serve. We include individuals with lived experience of substance use disorder, people from diverse racial and ethnic backgrounds, and those with strong civic engagement. Many board members also have close ties to the South Boston community. By intentionally recruiting individuals from various backgrounds, we enhance our board's ability to understand and address our community's unique needs, fostering a more inclusive and effective organization.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Goal 1:

To hire a full-time clinician by September 2024 to enhance the Collaborative Center's capacity to provide comprehensive, high-quality mental health and substance use treatment, thereby improving health outcomes and increasing accessibility for the community.

Objectives:

1. Expand Access to Care: The full-time clinician will perform an average of 2 intakes per week for 42 weeks of the year, totaling 84 intakes per year.
2. Foster Staff Development: Provide ongoing professional development opportunities for the clinician and existing staff to ensure they remain current with best practices in mental health and opioid use disorder (OUD) treatment, with at least 90% staff participation in training sessions annually.
3. Promote Equitable Care: Ensure that the new clinician is trained in culturally competent care to better serve our diverse community, particularly underserved populations.

Goal 2:

To partially fund the newly-created position of Associate Director to enhance the Collaborative Center's operational efficiency, clinical capacity, and commitment to diversity, equity, and inclusion (DEI) best practices, ultimately improving the quality and accessibility of care for the community.

Objectives

1. Enhance Operational Efficiency: Support the Executive Director in administrative duties to streamline operations and improve service delivery and overall organizational efficiency within the first year.
2. Increase Clinical Capacity: Provide clinical support to reduce caseloads and improve patient care. In combination with the additional full-time clinician, increase client intakes by 25% within the first year.
3. Promote DEI Best Practices: Provide oversight of initiatives to implement DEI best practices across the organization, with a goal of achieving 90% staff participation in DEI training sessions.

Goal 3:

Enhancing Client Engagement and Treatment Outcomes

To enhance client engagement and treatment outcomes at the Collaborative Center by increasing the capacity for comprehensive intake, personalized treatment, and continuous support for individuals struggling with mental health and substance use disorder, particularly opioid dependence.

Objectives:

1. Increase Client Intakes and Engagement
 - o Clinicians will intake and assess 40 clients annually.
 - o Engage at least 30 clients in treatment for a minimum of 60 days for sustained support and improved outcomes.
2. Strengthen Outreach and Linking Services
 - o Maintain regular contact with treatment programs in South Boston and Greater Boston.
 - o Offer linking services for outpatient care and provide medication-assisted treatment (MAT), if needed, for those with opioid dependence.

3. Implement Coordinated Assessments and Treatment Plans
 - o Collaborate with case managers to conduct thorough assessments for each engaged client.
 - o Develop individualized treatment plans tailored to each client's unique needs.
4. Enhance Re-engagement Efforts
 - o Actively attempt to re-engage clients who have not followed through with treatment.
 - o Continue outreach to clients for 30 days following a missed appointment, aiming for 25% to be successfully contacted.

8. How will the funds help you achieve your goals?

Goal 1:

Over the past year, requests for service have increased by 20%. Adding another full-time clinician will help us meet this growing demand by providing more appointment slots and reducing wait times for treatment. This additional position will increase the number of our clinicians by 20%, (from 5 to 6), an increase in capacity that can meet the growing caseload.

Funding from Mosaic will cover the costs of this full-time position:

Annual salary: \$62,000
 Tax & Fringe (22%): \$13,640
 Subtotal: \$75,640

Goal 2:

The role of Associate Director is a new addition this year, established to provide administrative assistance to the Executive Director, along with clinical responsibilities. Over the past year, the Collaborative Center has enhanced its services by recruiting a Nurse Practitioner and introducing an on-site MAT program. With an increase in requests and expanded services, the leadership recognized the need for further administrative support. The Mosaic funds will help offset the costs of this new position by funding 299 hours.

Associate Director Costs:
 299 hours at \$41.20 per: \$12,318.80
 Tax & Fringe (22%): \$2,710.14
 Subtotal: \$15,028.94

Goal 1 & 2 Total:

The requested \$300,000 of funding will cover the costs of Goal 1 and Goal 2 for 3 years:

Total Salary for Goal 1 + Goal 2: \$74,318.80
 Total Tax & Fringe (22%): \$16,350.14
 WC (flat rate): \$200
 Subtotal: \$90,868.94
 Admin(10%): \$9,086.89
 Total Annual Costs: \$99,955.83

Goal 3:

This requested funding will enable the Center to maintain and enhance its existing services for treating OUD. The funding will offset the cost of essential staff and enable us to continue to expand the training and resources necessary to deliver evidence-based interventions such as medication-assisted treatment and counseling. All of these efforts will ultimately support the Collaborative's goal to increase access to care and improve OUD treatment outcomes.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



2022 Audit.pdf

Organization's Operating Budget



SBCC Budget_Mosaic Grant 2024.pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Link House, Inc.

Organization EIN

04-2498329

Annual Operating Budget

3977535

Year Incorporated

1972

Organization Address

110 Haverhill Road, Building B, Suite 206
Amesbury, Massachusetts, 01913

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 3: Northeast

Check the most relevant box along the continuum for your services or activities.

Treatment

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The mission of Link House is to provide guidance, tools, and support to improve the emotional well-being of the individuals we serve so that they can lead healthy and productive lives.

2. Describe the services your organization provides or the activities it engages in?

Over 52 years Link House, Inc. (LHI) has treated 8,400+ clients through prevention, harm reduction, treatment, recovery, trauma, and family supports related to SUD and co-occurring disorders.

LHI runs four residential treatment programs with 101 total beds for men and women in recovery from substance use disorder including:

* Link House, Newburyport: Intensive residential treatment program for 20 men who have recently achieved sobriety;

* Progress House, Amesbury: Longer-term residential program where 25 men work on their recovery in a highly supportive, safe, and sober environment for up to two years;

* The Maris Center for Women, Salisbury: A supportive residential program where 40 women can focus on recovery and healing for three months to two years;

* Women's Independent Sober Housing (WISH), Newburyport: A supportive, safe, and sober environment where 16 women sustain their long-term recovery.

In 2019 in response to the well-documented mental health crisis in the area, particularly for those insured through MassHealth, Link House opened an outpatient behavioral health program, the Center for Behavioral Health (CBH) for adults, adding the Children and Teen Center for Help (CATCH) in December of 2022. Both outpatient programs, run by highly qualified professional staff, address an urgent community need for addiction and mental health services for individuals of all ages from low-income households.

CBH and CATCH treat a wide range of mental health challenges, including depression, anxiety, substance use disorder, bipolar disorder, gender dysphoria, and personality disorders, and provide extensive services, including assessments, therapy, including cognitive behavioral and group therapy, wellness education, dialectical behavior therapy skills, medication management (MAT), recovery coach services, and programs and resources for the community.

LHI is part of a broad network of greater Newburyport organizations working together to meet community needs. We are founding members of the Behavioral Event and Substance Support Team (BESST), a collaboration of local providers dedicated to breaking down barriers and providing substance misuse/behavioral health support for individuals and families of all ages. We have an existing partnership with Anna Jaques Hospital (AJH) in Newburyport for referrals for patients post-overdose. We receive referrals from Two North, AJH's inpatient psychiatric unit for adults, adolescents, and children, and from local police departments. LHI's CATCH receives referrals from the Massachusetts Dept of Children & Families, local nonprofits such as the Jeanne Geiger Crisis Center and Pettengill House, area schools, and other clinicians.

Link House aims to make behavioral health care, including treatment for substance use disorder as well as a wide range of mental health challenges, accessible to adults, teens, and children from low-income households in the greater Newburyport area. Where services have been lacking, Link House has consistently stepped up to make them available, most recently with the establishment of CBH and CATCH. Our programs give clients the tools they need to lead healthy, productive lives so that they can in turn contribute to the well-being of their families and communities.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

95% of LHI's population consists mainly of clients insured by MassHealth who come from low-income households. While most residents in LHI communities are white and born in the US, there are non-white, people of color, recent immigrants, non-English speakers, and foreign-born populations in all our communities. 9% of the population is foreign-born, 15% of residents 5 years of age and older speak a language other than English at home, 29% of those speak English less than "very well," 17% are 65+, 5% of adults identify as LGBTQIA+ (as do 18% of the children in our CATCH outpatient program). 68% of the clients we treat across our programs are opioid users, 41% of the children in CATCH have family members with SUD while 13% are using substances themselves. The majority of children in CATCH are being raised by grandparents due to opioid deaths.

LHI reports the following demographics for FY24.

CATCH has 171 total clients, 87% are under 18, 41% are female, 43% male, 8% transgender, 8% non-binary, 79% are white, 7% Hispanic, 2% multi-racial, 7% black, 4% reported as other, 13% have SUD.

CBH totals 568 clients, 51% are female, 36% male, 0.20% non-binary, 12.50% did not answer, 0.20% are black, 12.50% did not claim a race.

At Link House residential facility 100% are male, 71.40% white, 20% Hispanic, 8.60% black, 93.80% are homeless at enrollment, and 100% have SUD.

At Maris Center residential facility 97.7% are female, 2.3% are transgender, 92.90% are white, 2.40% Hispanic, 4.70% black, 71.40% are homeless at enrollment, and 100% have SUD.

At Progress House residential facility 100% are male, 92.9% are white, 7.1% black, 90% were homeless at

enrollment, and 100% have SUD.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

LHI is proud to report that over 60% of its staff and 43% of the leadership team are people in recovery. Its Board of Directors also represents people in recovery from drugs and alcohol. The strength of LHI's planning and programs is based on combining work experience, education, and lived experience. Many LHI staff are graduates of its residential programs. LHI values promoting from within to give leadership opportunities to its most dedicated and qualified employees, and regularly reaches out to community partners, local nonprofits, recovery community, job boards, colleges, newspapers, and social media to promote available positions. Our staff comprises members of the LGBTQ+ community, people with disabilities, bilingual/multilingual, etc.

LHI staff attend community events to disperse information and make personal connections, building trust and eliminating stigma. LHI is well-respected in local communities, and are often consulted by other nonprofits, police departments, and hospitals to work on solutions as they relate to meeting community mental/behavioral health needs. This summer, LHI staff and clients will participate in Pride parades, wellness fairs, and various high profile community events.

Addressing the transportation barrier has also been essential to clients' success. LHI does so by providing services where they are easily accessed with offices located on the free bus line. LHI offers outpatient services for adults at CBH and for youth at CATCH in Amesbury and in five local schools.

CATCH works closely with families and schools to strengthen each child's support network, so that the benefits of treatment extend beyond the one-on-one time that clients spend with their clinician. All LHI programs take a strengths-based approach, helping the individual identify their own strengths to rely on. Many caregivers of CATCH clients are clients of CBH, where they receive additional addiction and mental health support.

Our existing partnership with Ana Jaques Hospital includes a LHI program called Wellness Delivered to provide comprehensive behavioral health education for low-resourced populations in Haverhill, Merrimac, Amesbury, Salisbury, and Newburyport. Beginning in August 2024 this three-year program will educate the public, educators, therapists, and others whose work intersects with those struggling with mental health and substance misuse. The program will hold: at least 15 sessions to educate members of the public and connect them with the continuum of behavioral health care in the community, and to provide accessible continuing education to other professionals in the behavioral health care field; train 100 community health and safety professionals including therapists, educators, and first responders through four different two-hour programs which will offer CEUs; increase the number of people served in residential and outpatient programs by 5%; and minimize stigma around behavioral health and substance misuse. This program will immediately increase awareness of LHI services and referrals from the community and other providers. Practice manager [REDACTED] is currently engaging with local primary care providers to introduce our full spectrum of services for mental/behavioral health and addiction services, so they are aware and able to provide referrals when patients reach out for help or present with high-risk indicators for substance misuse.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

LHI is proud to say that our greatest asset is our staff whose training and life experience ensure that clients' needs are the top priority in shaping LHI programs and services. We have a strong existing structure of staffing and leadership with longstanding experience in the fields of substance use and co-occurring disorders, as well as their own lived experience. A portion of our staff have gone through LHI residential treatment programs themselves and are quickly able to build trust with our clients. Additionally, we provide clients with quarterly evaluations, CANS assessments, and surveys to convey feedback and provide LHI case managers and clinicians with appropriate data to determine future treatment and programmatic needs. Clients are involved in assessment and planning of curriculum and activities.

Senior Director of Services [REDACTED] [REDACTED] oversees all aspects of Link House's residential and outpatient treatment programs, bringing both professional and lived experience to this role. [REDACTED] previously worked in Tewksbury for Lowell House, Inc. where she served as a counselor at The Sheehan Women's Program. A Licensed Alcohol Drug Abuse Counselor, she earned a bachelor's degree in elementary education from The University of Mass. in Amherst and is currently pursuing a graduate degree in Psychology.

Executive Director [REDACTED] [REDACTED] oversees all aspects of Link House's residential and outpatient treatment programs, bringing more than 25 years of experience leading human service organizations to this role, as well as her own lived experience with substance use disorder. Prior to joining LHI Turner held leadership positions at Lowell House Inc. where she served as the Clinical Director for women's treatment services. A LADAC and CADAC certified counselor, Turner is also board certified by The AAETS and is a Master Addictions Counselor with the NAADAC.

6. What steps has your organization taken to create a more inclusive work environment?

Link House is committed to recruiting staff and board members with a diverse range of experiences, including personal experience with recovery and behavioral health challenges. Four of our eight board members are in recovery, as are 60% of our full and part-time staff. Their experience informs leadership decisions and interactions with clients, who are inspired by the successful recovery of staff members. LHI staff and board include LGBTQ+ members.

We recognize that we have more work to do to diversify our leadership. LHI is currently seeking CARF Accreditation, "a review to determine if programs/services meet defined international standards of quality in health and human services . . . [a] consultative peer-review process [that] promotes active, dynamic planning focused on impact and outcomes" and includes a board development component. At the same time, we are developing a plan to establish a cross-agency DEIA working group that will help inform our needs and our strategy. The working group currently includes staff with diversity in the areas of sex, socioeconomic status, race, culture, religion, sexual orientation, sexual identity, disabilities, lived experience with SUD/Mental Health/Co-occurring Disorders and family members, trauma history, etc. LHI recognizes and strives for continued learning in this area and welcomes diversity of thought and continued training to help us maintain a safe and inclusive environment for staff and clients.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

MOSAIC funding through RIZE MA will enable LHI to build sustainable long-term capacity through its residential and outpatient services for adults and children, and provide additional prevention, treatment, harm reduction, and recovery support options for clients experiencing substance misuse and their families.

Over the next three years LHI intends to utilize this funding to:

1. Add Office Based Addiction Treatment services (OBAT) to the existing Medication Assisted Treatment program (MAT) with the two in-house psychiatric nurse practitioners.
2. Strengthen and enhance clinical staffing from three current full-time clinicians to eight full-time clinicians, which would enable LHI to redesign programming to address new groups such as private and group therapy with families.
3. Introduce an Intensive Outpatient Program (IOP). This funding would allow LHI to absorb the start-up costs of new programming and support the hiring of additional clinical positions with a competitive salary, addressing an existing challenge of extensive waitlists for outpatient and residential services. Our goal is to eliminate the current wait list of 192 clients.
4. Certify staff in Train the Trainer programs to perform community outreach and overdose education training and sponsor a professional training calendar annually to provide CEUs to local professionals.
5. Our long-term goal is to Expand Women's Treatment services to open an enhanced co-occurring treatment program, as there is currently NO residential women's treatment program in the Northeast region.

Details:

Grant funding would assist LHI in making our salary range more competitive with other state-funded licensed clinical positions (\$70-80k per year – the current salary is \$65,000, an increase of 23%). Our goal is to hire and retain great staff, providing consistency for our SUD and MH clients. LHI currently offers a flexible schedule, the option to do telehealth with adult clients, PT/FT/hybrid hours, and clinical supervision. We encourage people with lived experience to apply and join our dedicated staff, 60% of which are in recovery – including 43% of the leadership team.

Intensive outpatient programs (IOPs) is a level-step down from post-detox and is accessible to people in housing and working individuals. People in psychopharmacological prescribing are included as a service through IOP. LHI will host three meetings per week for three hours each weekday evening in its current outpatient office in Amesbury, MA. Following our pilot program after the successful completion of sixteen weeks and thoughtful evaluation, LHI will expand the program from evening to morning, afternoon, and weekends. Clients will be referred from detox, DSS, residential, post-hospital admission, post-overdose, probation, parole, self-referrals, and local courts. Clients in this program will have access to recovery coach services.

This office is safe, handicap accessible, on the free local bus route, and very close to major highways (I495 and I95). There is ample, well-lit, free parking on-site and quiet sitting areas with internet access. In the same office building, LHI hosts two psychiatric nurse practitioners with availability to take new patients, three clinicians (two for adult clients, one licensed to work with children ages 5-18), administrative staff, and a recovery coach.

8. How will the funds help you achieve your goals?

Grant funding will primarily support sustainable staffing. To reduce a long waiting list and support sustainability of LHI’s programs increased staffing levels are critical as is increasing salary range to become more competitive with other state-funded clinical positions.

Funds would support a clinical staffing increase from three to eight full-time Masters’ level clinicians, cover one-time start-up costs (\$9,500 for curriculum, furniture, and technology fees) of a new Intensive Outpatient Program (IOP), and enable LHI to add Office Based Addiction Treatment services (OBAT) to its Medication Assisted Treatment program (MAT) allowing current psychiatric nurse practitioners, currently at 70% capacity, to reach full capacity by January 2025. Funds would increase staffing for the Train the Trainer programs for community outreach and overdose education training. Ultimately, capacity building funds will assist LHI in creating a women’s co-occurring treatment facility over the next 4-5 years, meeting an existing need in the Northeast region for women in recovery from opioids and other substances.

MassHealth rates cover partial reimbursement for existing programs, which are historically supported by additional grants, donations, and foundation support. Increased staffing and more advanced treatment programs will reduce the waitlist and get closer to offering inpatient and outpatient treatment on-demand. It will allow LHI to help clients transition seamlessly post-overdose, when they are most vulnerable, through the levels of care and address the family system with more intensive group therapy. Reimbursement rates of these more specialized services (IOP/OBAT/Women’s Co-occurring Treatment) are higher and allow LHI to continue to increase services and stable funding as each program begins, i.e. IOP reimbursement rate is \$71/hour/client. A 16-week program for ten clients, including a 20% drop out rate, could support staff salary and program costs. Adding morning and evening IOPs would fund additional clinicians. All proposed clinicians and programming are self-sustaining with health insurance reimbursements.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 FY22 Link House Audited Financials.pdf

Organization's Operating Budget

 FY24-LHI-Budget.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization LMCC- Lawrence/Methuen Community Coalition

Organization EIN 04-2104054

Year Incorporated 1953

Organization Address 401 North Canal street
Lawrence, Massachusetts, 01840

Are you a fiscally-sponsored project?

Yes

Name of Fiscal Agent Family Services of Merrimack Valley

Fiscal Agent's EIN 04-2104054

Fiscal Agent's Organization Address 401 North canal Street
Lawrence, Massachusetts, 01840

Primary Contact Full Name

Primary Contact Email

Primary Contact Title

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.

- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 297259.50

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 3: Northeast

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The Lawrence Methuen Community Coalition (LMCC) was established in 1996 with a mission to provide accessible support services to communities with substance misuse and prevention efforts. LMCC works to facilitate the awareness of prevention efforts and community support networks for individuals and families within the Merrimack Valley

2. Describe the services your organization provides or the activities it engages in?

The Lawrence Methuen Community Coalition(LMCC) coordinates, facilitates and implements a number of grant funded programs in the five communities that make up the Merrimack Valley. Current grant funds support staffing and administrative costs to ensure the direct, critical needs of the individuals in our service communities are being met.

The LMCC office encompasses all prevention programming and provides opportunities for individuals, families, community members and partners and those in treatment for addiction, a space to participate in trainings, support groups and substance abuse prevention programming. The LMCC office is located in a poverty stricken area of Lawrence, and is the only community based space that provides substance misuse prevention programs in South Lawrence.

Families and Youth Initiative Program (PATCH)- PATCH provides direct accessibility to community resources to individuals and families in need. PATCH enhances the coordination of identified resources by providing access to individual and family services, community partnerships and other organizations. PATCH offers a wide-variety of community programming that support and engage community discussions and forums, Quarterly Service Provider Networks that provide opportunities for communication with resource partners.

Lawrence Drug-Free Communities- (DFC) The grant supports the LMCC community coalition working to reduce substance use and abuse among youth to create safer and healthier communities. This collaborative program provides community and business organizations, resource partners, families, youth, schools, and law enforcement officials the ability to join forces to meet the local prevention needs of the Lawrence community.

The Lawrence HUB - was created in January 2018 in partnership with the LMCC with the intent to facilitate discussions and coordinate resources to provide individuals, families, within the five identified communities in the Merrimack Valley (Andover, Haverhill, Lawrence, Methuen and North Andover) with identified supports and information. The HUB provides support and accessible resources to address situations with acutely elevated risk factors. Members of the HUB provide coordinated integrated responses through the mobilization of support and identifiable resources to address situations facing individuals, families or environments with acutely elevated risk factors.

The State Opioid Response-Prevention in Early Childhood (SOR-PEC)- is a prevention initiative implemented in the Lawrence community funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The goal of this initiative is to work to reduce or mitigate risk factors faced by young children (under 5), and increase local protective factors in order to reduce the likelihood of future substance use disorders.

MassCALL3B The grant is designed to support community efforts to prevent misuse of substances of first use (e.g., alcohol, nicotine, cannabis) among youth. The grant provides support to communities with existing capacity, infrastructure, and experience implementing systematic public health planning process and/or implementing a comprehensive set of evidence-based prevention programs, policies, and practices.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our coalition as a convener, strives to work with the entire community, from homeless, to intact families, individuals, all races and ethnicities. A priority population has been identified within the City of Lawrence with a 88% rates of Hispanic origin, many of the coalition's initiatives strive to ensure that lowering and removing to the extent possible native language obstacles that are evident through staff and workers that are bi lingual/bi cultural and that proper translation of documents/conversations/meetings. The coalition regularly participates in inclusivity and diversity trainings through is fiscal agent, Family Services of the Merrimack Valley. Also, the coalition has multiple DPH BSAS grants in which multiple trainings in diversity and inclusion are requirements of the programs.

Our coalition's work can range from homeless families living in a car, or homeless individuals on the street. Our staff has many years experience in working with folks from all walks of life. Our coalition is a convener with multiple task forces so we have a broad reach. Informing long term community agencies about the needs of individuals and families to faith based organizations that sometimes have individuals land on their doorstep desperate for help. Through the years our coalition has grown, but within that growth we see the needs of the community. Lawrence has a high percentage of Latin X populations without access to recovery services especially if you speak Spanish as your first language. These folks are our priority population, to build capacity within the Latin X community that look like them and sound like them and speak the same language. Currently we only have 1 Spanish speaking recovery coach, he does amazing work but it is not enough. We have over 854 high risk individuals that need recovery support over the past 2.5 years.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its

work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Our coalition is made up of multiple community agencies, partners, individuals as such multiple task forces in the area of Substance Abuse Prevention/Intervention initiatives. The coalition staff of 9, has 80 percent of the staff as fully bi-lingual/bi cultural in Spanish/English. All documentation, flyers, , programs are introduced in English and Spanish, including the website. In situations where any meetings are coordinated, there is Spanish translation available. The coalition staff collectively have over 135 years experience in working in the community and program coordinators, family/youth advocates and community engagement/community organizing within the City of Lawrence that are all bilingual English/Spanish.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The coalition has multiple sources of information to inform the team about the feedback for services. Community members serve on multiple boards, steering committee's and task forces. Parent voice is surveyed regularly at coalition events and programs. Focus groups are held during the year to solicit feedback/suggestions for operational improvements for the coalition. Despite these efforts, the coalition, as part of its' organizational request for support for this grant will look for a more comprehensive process to solicit community feedback and to incorporate that into practice.

6. What steps has your organization taken to create a more inclusive work environment?

Many operational aspects of the coalition include DEI trainings, required trainings by funders on diversity and inclusion, a strong effort to require bilingual/bi cultural staff with coalition programming.

The coalition itself operates under a parent agency or fiscal agent (Family Services of Merrimack Valley, they are routinely including the coalition and our staff in any types of trainings to foster inclusivity.

As a coalition convener, we are called upon to be inclusive, to include families or individuals with lived or living experience when it comes to substance misuse. In addition, this mindset cuts across coalition programming in the case of child abuse prevention, to include families in pre/post feedback on service delivery to operationalize and inclusive and diverse work environment.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

The top 3 goals for the coalition in regards to the RIZE Funding are the following:

Build/Strengthen Coalition Capacity:

The coalition with its 26 year history sits in a unique position to solidify it's presence in the community. This could be accomplished through building out additional supports for the coalition including: staff infrastructure to allow for supportive engagement across all programs, expand existing community feedback portals/incorporate implementation of recommendations. Also to develop a plan on inclusion and diversity across all coalition programming.

Recovery Coach Initiative

A second goal would be to build a Recovery Coach Training program that develops bilingual/bicultural staff. This initiative would allow the coalition to build capacity on recovery coach capacity which is severely lacking in the Merrimack Valley. This is especially evident for the Spanish speaking community. The numbers of overdoses keep rising throughout the area, also with the individuals being Latin X, however there is a gap in Spanish speaking recovery coaches that exists. There is potential for individuals to become trained as recovery coaches along with a recovery coach supervisor. Potential partners that exist include Lawrence General Hospital, Northern Essex Community College, Adcare and BSAS. This is in

the developmental stage, but is high priority.

Operational Strengthening

A third goal is to strengthen the coalition as a whole through the RIZE funds to assist with general operational expenses such as computers, rent, training fund on inclusion and diversity and social media.

By having this as a solid goal for the coalition, this would strengthen the longer term to better serve the residents of the Merrimack Valley

8. How will the funds help you achieve your goals?

The funds from RIZE foundation for the first goal by hiring a full time bi lingual/bi cultural Administrative Position that would support coalition staff, task force members, community member and the community at large. This position will reflect the community, become a portal for community engagement and information. A second supportive project would be the development of community feedback planning for the coalition across all of its programming. The coalition could look for a consultant or community agency that specializes in this field.

Funding from the RIZE foundation for the second goal of building out a Recovery Coach training initiative would include the hiring of a full time Recovery Coach Initiative Coordinator, this person would also have recovery coach supervisory credentials to allow for the recovery coaches that progress through the trainings, be able to have the required supervised hours. The role would work with an established committee to develop the recovery coach training in the Merrimack Valley, preferably Lawrence. Potential partners could include Adcare, BSAS, Northern Essex Community College and Lawrence General Hospital There would also be slots for 2/3 - F/T or P/T Recovery Coaches that were bilingual/bicultural to assist in filling the existing gap of Spanish speaking recovery coaches. These coaches would be able to utilize the recovery coach supervisor hours requirement if needed. The coaches could potentially serve clients within the Merrimack Valley. Other Merrimack Valley Communities would be invited to participate in the initiative.

The 3rd coalition goal is to solidify general operating expenses into a more structured goals that included rent, internet capacity, computers, training on inclusion and diversity. Plus an emphasis on social media for staff and coalition members on how to better message the various demographics via the social media platforms via sub contract with a consultant or agency with social media expertise.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 FY2023 - Family Services of Merrimac... .pdf

Organization's Operating Budget

 LMCC budget and utilities II.xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Malden Overcoming Addiction

Organization EIN

81-4472565

Annual Operating Budget

\$100,000

Year Incorporated

2013

Organization Address

350 Main Street, 350 Main Street
Malden, Massachusetts, 02148

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 50000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 3: Northeast

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Malden Overcoming Addiction ("MOA") seeks to connect the community with addiction support and recovery services, remove the stigma of addiction and fight to reduce overdose fatalities".

2. Describe the services your organization provides or the activities it engages in?

MOA, through its grassroots organizing, brings awareness of the growing opioid crisis in Malden, has established itself as a leader in recovery prevention. MOA conducts many programs and services to assist those struggling from substance use disorder including managing the only recovery center in Malden and surrounding communities - The Bridge Recovery Center.

The Bridge Recovery Center (currently funded through the Commonwealth) offers a comprehensive range of services to support individuals on their recovery journey, including: Recovery Coaching- personal guides and mentors help individuals navigate their path to recovery; Peer Support - opportunities for individuals to connect and support each other; Health and Wellness Workshops - programs focused on holistic well-being; Support Groups - facilitated groups for shared experiences and mutual support; Resource Library - access to information and educational materials; Computer Access and Resume Assistance - tools and guidance for job search; Community Connections to Resources - links to additional support services; Social Activities and Events - opportunities for sober recreation and community building; Support for Re-Entry Services - assistance for individuals transitioning back into the community; Family Education and Support - resources for families of individuals in recovery; Multiple Pathways to Recovery - support for diverse recovery approaches; Community Outreach and Advocacy - efforts to raise awareness and advocate for change; Continuing Care Information and Referrals - guidance on long-term recovery support.

Supplemental to the Bridge Recovery Center, MOA attempts to combat the rising number of overdoses and fatalities in Malden, through the Dom DiSario Scholarship program, which provides \$800 scholarships to individuals seeking sober living programs. Also a crucial part of the recovery process. MOA runs a volunteer-led Recovery Coach Program, where recovery coaches serve as personal guides and mentors, helping to remove obstacles to recovery.

Since 2022, MOA, in collaboration with the Malden Board of Health and RIZE Massachusetts, has conducted multiple recovery coach training sessions. These 30-hour sessions, part of the Recovery Coach Academy, have graduated over 370 individuals. The academy is designed for those interested in becoming Recovery Coaches or learning about recovery coaching principles and philosophies. Graduates go on to assist individuals in various local settings, such as Malden Cares and the Malden Warming Center. Lastly, MOA conducts several ongoing educational and outreach programs to support and engage the community: Stop the Stigma Day: An annual event aimed at leveraging the collective power of Malden's community to address the stigma surrounding addiction; Memorial Candlelight Vigil: A forum to honor those who have passed due to substance abuse, providing a space for healing and hope; Celebrate Sober: A free New Year's Eve celebration for individuals in recovery to enjoy the holiday without the challenges of a typical festive atmosphere; Malden Overcomes Day: An annual event for families to support loved ones struggling with addiction, offering connections, valuable recovery resources, and fun activities for all ages.

Through these comprehensive services and programs, MOA along with the Bridge Recovery Center continues to be a beacon of hope and support for individuals and families affected by substance use disorder in Malden.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

MOA is in Malden, a community known for its diversity, and MOA is dedicated to serving not only residents from diverse ethnic backgrounds but also individuals who identify as Black, Indigenous, and People of Color (BIPOC), members of the LGBTQ+ community, individuals with disabilities, and those who have lived or current experience with substance use disorders. We recognize the unique challenges and systemic barriers faced by these populations, often resulting in compounded marginalization and discrimination.

Our work focuses on individuals with lived or current experiences with substance use disorders. This group often faces substantial stigma and inadequate access to support services, which can hinder recovery and increase social segregation. We provide comprehensive recovery support, including harm reduction, treatment, and recovery services, to help individuals overcome substance use disorders and rebuild their lives. Our approach is non-judgmental and person-centered, emphasizing empathy, respect, and the understanding that recovery is an individual journey.

Recognizing that the recovery journey does not exist in isolation but often intersects in complex ways that shape individuals' lived experiences. MOA is dedicated to assisting individuals on recovery journeys holistically by providing tailored support that acknowledges and responds to the multifaceted nature of our clients' identities and challenges. By fostering an inclusive, compassionate, and supportive environment, we strive to empower individuals, advocate for systemic change, and promote equity and justice for all.

Through our comprehensive programs and initiatives, we aim to create a world where all individuals, regardless of their race, sexual orientation, gender identity, disability status, or substance use history, can access the resources, support, and opportunities they need to thrive.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Ensuring accessibility and equity in programs and services is important for Malden Overcoming Addiction as it works to reduce opioid fatalities through the running of the Bridge Recovery Center. Some strategies we are working on are: (1) MOA implements and enforces strict nondiscrimination policies, prohibiting discrimination, harassment, and retaliation based on race, ethnicity, gender, sexual orientation, disability, age, religion, or substance use history. These policies are clearly communicated to all staff, volunteers,

and clients, ensuring a welcoming environment for everyone; (2) MOA adopts inclusive hiring practices to build a diverse workforce reflective of the community served. This includes outreach to underrepresented groups, using recruitment techniques to minimize bias, and ensure diversity in leadership roles to bring varied perspectives into organizational strategy; (3) MOA is in the process of conducting regular training for staff and volunteers on cultural competency, anti-racism, LGBTQ+ inclusivity, disability awareness, and understanding substance use disorders is crucial. These trainings will help MOA staff recognize and address biases, improving their ability to support diverse clients effectively; (4) through the practice of Safe spaces employees and clients can share their experiences and concerns without fear of judgment or retaliation; (5) MOA ensures the Bridge Recovery Center's physical environment is accessible to all, including individuals with disabilities. This includes wheelchair access, adequate signage, and accessible restrooms. Services are offered at various times to accommodate different schedules, with remote or virtual options for those who cannot attend in person; (6) MOA develops a range of services that address the varied needs of clients, including recovery coaching, peer support, health and wellness workshops, support groups, access to resources and computers, resume building assistance, social activities, and family education and support; (7) MOA engages with the community through outreach programs to raise awareness about the Bridge Recovery Center's services. Partnering with local organizations, public health departments, and community leaders helps reach underserved populations. Regular community needs assessments identify gaps in services, allowing MOA to adapt programs accordingly; (8) MOA conducts educational campaigns to reduce stigma around opioid addiction and recovery (i.e., Stop the Stigma Day and Memorial Candlelight Vigil) to foster community support and understanding; (10) MOA maintains open and transparent communication channels to keep everyone informed about the organization's decisions, policies, and programs. Regular updates ensure all voices are heard and considered, promoting trust and collaboration. MOA and its leadership believe that by implementing these strategies, MOA ensures its programs and services are accessible, equitable, and responsive to the needs of the diverse community it serves.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

MOA is dedicated to a robust framework that not only ensures the voices of the groups we serve are heard but also are integrated into the fabric of our mission and operations. This is achieved at the leadership level through our Diverse Board of directors and leadership team. Currently, members of the MOA board of directors are made up of racially diverse individuals and individuals with various lived and lived experiences in substance use disorder. In addition to our board of directors, MOA has ongoing training and development opportunities to provide training for staff and leadership on cultural competency, anti-racism, LGBTQ+ inclusivity, disability awareness, and understanding substance use disorders. This helps to foster an environment where all voices are valued and understood.

6. What steps has your organization taken to create a more inclusive work environment?

At Malden Overcoming Addiction (MOA), we are committed to ensuring our work environment is an inclusive environment through several key strategies:

Inclusive Hiring Practices: We implement hiring practices that prioritize diversity, reaching out to underrepresented communities and using recruitment techniques to minimize bias. This helps ensure that our workforce reflects the diverse population we serve.

Representation in Leadership: We are dedicated to ensuring that leadership and decision-making roles include individuals from the communities we serve. This promotes diverse perspectives at all levels of our organization and enhances our ability to meet the needs of our community effectively.

Safe Spaces: We create safe spaces for open dialogue where employees can share their experiences and concerns without fear of judgment or retaliation. This fosters an environment of trust and mutual respect, essential for genuine inclusivity.

Inclusive Policies: We are working to develop policies that explicitly prohibit discrimination and harassment based on race, ethnicity, gender identity, sexual orientation, disability, and substance use history. These policies are crucial for maintaining a respectful and supportive workplace.

Flexible Accommodations: We offer flexible work arrangements and reasonable accommodations to support employees with disabilities and those in recovery from substance use disorders. This ensures that

all employees can thrive in their roles without unnecessary barriers.

Transparent Communication: We maintain open and transparent communication channels to ensure all employees feel informed and included in organizational decisions. This transparency builds trust and encourages active participation from all staff members.

By focusing on these strategies, MOA ensures that our work environment is inclusive. We recognize that this is an ongoing process and remain committed to making continuous improvements.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our goals over the next three years will focus on building the capacity of Malden Overcoming Addiction to effectively operate the Bridge Recovery Center to ensure that the Bridge Recovery Center is meeting the needs of the community it serves. Specifically, in Year 1: (1) Enhance staff capacity and training by developing and implement a comprehensive training program on cultural competency, anti-racism, LGBTQ+ inclusivity, disability awareness, and substance use disorders for all staff. (2) Strengthen infrastructure and technology by upgrading IT infrastructure to support enhanced service delivery and data management. (3) Develop inclusive policies and practices by reviewing organizational policies to ensure they promote inclusivity and prohibit discrimination. Year 2: (1) Expand services and building partnerships by expanding program offerings with the goal of launching at least three new programs or services tailored to the needs of BIPOC, LGBTQ+, disabled individuals, and those with substance use disorders; (2) Strengthen community engagement and partnerships by establishing and formalize partnerships with at least five local organizations serving similar populations. (3) Enhance data collection and evaluation with the goal of implementing a robust data collection and evaluation system to monitor program outcomes and impact to establish key performance indicators (KPIs). Year 3: Consolidating growth and ensuring sustainability by (1) Diversifying our funding base to enable MOA to operate the Bridge Recovery Center (should current government funding cease) by securing at least three new funding sources, including grants, donations, and partnerships, to enhance financial sustainability; (2) Develop community advisory boards for BIPOC, LGBTQ+, disabled individuals, and those with substance use disorder experiences to ensure their voices are integral to organizational decision-making; (3) Promote staff well-being and development through the enhancement of employee well-being and support through the implementation of employee assistance programs (EAP) and work-life balance initiatives.

To make sure MOA is on track with the accomplishment of these goals, we will conduct ongoing evaluation and adjustment through: (1) Regular review meetings - bi-annual reviews of progress towards goals, adjusting strategies as needed based on feedback and outcomes; (2) Solicit stakeholder feedback by continuing to engage staff, clients, and community members through surveys, focus groups, and town hall meetings to refine and enhance programs and services.

By setting and pursuing these goals, MOA will be well-positioned to effectively meet the needs of the diverse communities we serve, fostering a more inclusive, supportive, and sustainable environment.

8. How will the funds help you achieve your goals?

Funding from RIZE Massachusetts will help build MOA's capacity to meet our strategic goals, by (1) enhancing staff capacity and training and developing comprehensive training programs on cultural competency, anti-racism, LGBTQ+ inclusivity, disability awareness, and substance use disorder management. This includes conducting training needs assessments, hiring expert trainers, and scheduling quarterly sessions to ensure our team can provide high-quality, inclusive services (\$15,000); (2) Strengthen infrastructure and technology. Funds will be used to upgrade our IT infrastructure, including purchasing new software for case management, establishing a secure data management system, and enhancing virtual service capabilities, crucial for reaching individuals with disabilities and those in remote areas (\$20,000); (3) Expanding program offerings through the development of new programs tailored to BIPOC, LGBTQ+, disabled individuals, and those with substance use disorders. This involves conducting community needs assessments, designing and piloting new programs, and recruiting specialized staff, addressing gaps in our current services (\$20,000) (4) Build community engagement and partnerships by formalizing partnerships with local organizations to enhance service delivery and community

engagement. This includes identifying new potential partners, developing MOUs, and planning joint initiatives or community events, leveraging shared resources for a greater impact (\$5,000); (5) Focus on data collection and evaluation by Implementing a robust data management system will involve selecting a platform, training staff on data practices, and establishing KPIs to monitor program outcomes and make data-driven decisions, ensuring transparency and accountability (\$7,500); and (6) promote staff well-being and development by enhancing employee well-being through EAP services, wellness workshops, and flexible work policies, maintaining a motivated workforce better equipped to support our clients (\$7,500).

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



MOA FY 24 Interim P&L, 05-31-24.xlsx

Organization's Operating Budget



FY 24 Budget. 06-11-24.xlsx



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Mandela Yoga Project, Inc.
Organization EIN	85-2828389
Year Incorporated	2020
Organization Address	10 Antrim Street Cambridge, Massachusetts, 02139
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities. Recovery Supports, Trauma, Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

We scale the delivery of a peer-led, trauma-responsive health intervention treating the racially-traumatized nervous systems of people of color who die prematurely and suffer disproportionately from chronic health conditions. We resources them with tools to be greater agents in their own healing and leaders of group self-healing in their communities.

2. Describe the services your organization provides or the activities it engages in?

The Mandela Yoga integrative health intervention was developed to heal the racially traumatized nervous systems of people of color in the United States during a time in which racial oppression is widely acknowledged to be a public health crisis. A deleterious health effects of this pernicious public health crisis is the disproportionate occurrence of disease and premature death among people of color, including a sister of the founder of the Mandela Yoga Project nonprofit who died at fifty-three years of age from complications of diabetes. The nonprofit’s sole focus is to resource such people of color with chronic health challenges to be greater agents in their own healing and leaders of self-healing within their communities of peers. Grant funds will support the expansion of the pilot which has supported Spanish-speaking patients of a Reentry Unit established with a grant from BSAS to support "Black and Brown men at risk of fatal overdoses upon release from incarceration." Beginning November 2023, a research program

is being developed to collect data with the support of a grant from the Robert Wood Johnson Foundation and in partnership with the CHA Center for Mindfulness and Compassion - a Harvard Medical School Department of Psychiatry-associated research facility specializing in contemplative practices that support opioid addiction recovery.

MYP supports people of color in recovery with an evidence-based, trauma- responsive, peer-led group practice of mindful movement and breathing in a trusted space where people of color live, work, worship, play, and get their healthcare. The intervention is a standardized, forty-five-minute series of easy yoga poses derived from yoga postures proven in clinical settings to be effective at supporting patients with an array of chronic health challenges. These include diabetes, low-back pain, and addiction among others. Given that the founder's sister's mobility was diminished as she succumbed to renal failure, the specific yoga posters were selected to be accessible to all levels of mobility and practiced without special equipment and without special clothing. As the practice progresses, participants are offered the option of visualizing the posture instead of performing it. This is meant to offer participants the ability of a choice, as they might just be tired in that moment. Some of the health benefits are achieved even in imagining doing the poses. There are other benefits in practicing the act of choosing, agency that is most often denied and rarely available to people of color with chronic health conditions particularly those who seek to eek out their existence in high-vigilance environments. The group practice itself offers healing benefits. Paired with breathing, the intervention allows the nervous system moments of rest and a sense of belonging. A board member of the nonprofit is himself a formerly incarcerated person in recovery and works full-time in a residential recovery setting - and says that recovery is best done in group. Mandela Yoga has been that group for patients of a Reentry Unit at a FQHC in Lawrence, in which four patients achieved 100% attendance at their Mandela Yoga sessions over a seven-month period.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The MYP intervention was created for and by people of color (POC). It is a standardized, 45-minute, peer-led group practice of evidence-based, trauma-responsive sequence of yoga poses called Sonya's Sequence. It was co-developed by MYP's African American founder, a trauma-expert yoga teacher, and an African American licensed mental health counselor who works in communities of Black and Brown individuals in Massachusetts, including more than 15 participants - mostly Spanish-speaking participants turned peer-facilitator trainees of color with lived experience with in addiction recovery, aging, incarceration, and/or experience of being unhoused.

Mindfulness-based interventions (MBI) like Mandela Yoga have been shown to be effective in addressing factors involved in addiction including internal cues for craving, experiential avoidance, and rumination. However, most MBIs were not designed for populations with trauma histories. POC are underrepresented in the trials for MBIs and for MBIs for SUD. Yet, researchers say that if content and delivery were tailored, these POC could benefit immensely.

Low threshold care that is responsive to the unique needs of POC with SUD, co-created by the communities that is trauma-responsive, capable of working at the intersection of both physical, mental and social determinants of health is needed. Access to low-threshold care has been cited as a priority by outcome for substance use treatment and services by several leading health and research organizations across the country, including HHS, ASAM, and PCORI. They highlight the paramount importance of increasing the availability of SUD treatment, especially peer support and community services, and to make services easier to access. Furthermore, considering the centrality of trauma in POC populations, it is necessary for SUD treatment and services to be trauma-informed and culturally effective. MYP's intervention addresses all of these recommendations and concerns.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

It was in response to the 69% increase in fatal overdoses among Black men in Massachusetts reported by DPH that MYP adapted our integrative health intervention to address the unique and specific needs of Black and Latino men who are at risk of fatal overdose upon release from incarceration. We collaborated with an FQHC in Lawrence, MA, that was recipient of a 2021 Reentry Grant from BSAS. In this context

MYP's peer-led intervention would mean that the Mandela Yoga session leader would have to be 1) male yoga teacher, 2) of color, 3) speaks Spanish, 4) teaches yoga in Spanish [rare among yoga teachers in the U.S.], 5) formerly incarcerated, and, 6) in Recovery. This makes the intervention accessible. What makes it equitable is that participants - all people of color - shape the research surveys, make recommendations, and report findings.

Having met these six criteria with a Mandela Yoga Seed Teacher, from September 2022 to August 2023, we piloted our peer-led, trauma-responsive, neighborhood-based, group intervention for thirteen months with high rates of participation and qualitative reports from participant surveys. Of twelve participants in the first seven months, four had 75% attendance and two had 100% attendance in the Mandela Yoga sessions.

Here is a quote from one survey translated into English: "I felt really nervous at the beginning but I didn't know anybody and I hadn't given up my desire for alcohol and drugs. When I met [Mandela Yoga instructor] Felipe, I started a new life. Because when I had a problem, I couldn't breathe and since I wasn't able to breathe, my aggression was really strong since I couldn't control my temper. But thanks to Mandela Yoga Project, I have been able to control my temper and I feel peaceful and can breathe normally and other things that are the benefits of Mandela Yoga Project are very deep and useful to have a better life."

The way the intervention goes to scale is that participants elect to participate in a 30-hour training program to become Peer Facilitators during which they are paid \$25/hour, followed by paid hours of apprenticeship. When they begin to host their own peer-led sessions in their own communities, then they are paid \$125/session for a minimum 12-week series of Mandela Yoga.

Of six participants who graduated from our Training Program Carlos -incarcerated for nearly three decades - spent six months apprenticing at a senior housing development in East Boston with his peers were Spanish-speaking seniors. At the May 2024 statewide conference of the Massachusetts League of Community Health Centers, was among the presenters sharing research findings that he collected from his peers. He has been invited to repeat the same presentation at the 2024 APHA Annual Conference. Meanwhile, partnering with CHA Center for Mindfulness and Compassion, MYP recently submitted a manuscript proposal to the peer-reviewed academic journal *Frontiers in Psychology* with Carlos and Felipe as co-authors. Our manuscript is on the topic Mindfulness-based Interventions for Substance Use Disorders among Minoritized Populations.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Three of the four board members of Mandela Yoga Project, Inc. are people of color. The founder/Executive Director is African American, as are the lead teachers and the lead trainer. The sole focus of the MYP intervention is people of color who face chronic health challenges due to racial oppression in its various forms. We are expanding the board to include a person of color who is formerly incarcerated and in recovery. And an African American physician whose family has been affected by SUD.

Our participants help to shape the surveys, conduct community research through an extensive participatory action research process in which participants - all people of color - become community research partners (CRPs).

CRPs are community leaders/liaisons already connected to the MYP nonprofit or other mind-body practices, and with strong ties to community members where the health centers are located. The CRPs will be closely involved in all research activities throughout the project period. For the patient partner advisory group, we will recruit 4-6 patients receiving primary care at Cambridge Health Alliance with lived experience with diabetes. We will hold three patient partner advisory groups to 1) Elicit dialogue and meaning related to the lived experience with diabetes, racism, cultural resilience, and belonging; 2) Identify barriers for participating in the study. Discuss expected benefits and risks of study participation; 3) Discuss the intervention and comparator study protocols including considerations of language accessibility, audio/visual materials, consent process, intervention and comparator group curricula, group medical visit, survey measures, compensation, data analysis, and dissemination of results.

Community research featuring POC in recovery is being grant from the Robert Wood Johnson Foundation. The MOSAIC grant will ensure that we reach more people of color in recovery, especially those who are

formerly incarcerated, seniors, and the unhoused.

6. What steps has your organization taken to create a more inclusive work environment?

You should know that all of our leaders across each healthcare system - are people of color with lived experience with white supremacy and racial impression and with the healing benefits of yoga. The Mandela Yoga session leaders are all people of color, including those in addiction recovery and who are formerly incarcerated. Once a member of the Latin Kings and previously incarcerated for crimes committed in the service of his addiction, Mandela Yoga Project leader Felipe has led hundreds of free Mandela Yoga sessions in person regionally. He has been a yoga session leader, speaker, and panelist as part of regional and national virtual convenings for healthcare executives, providers, and researchers including a Harvard Medical School Psychiatry Conference on the health benefits of contemplative practices like mindfulness and yoga.

The Executive Director is the leader of the POC-founded/serving social service sector nonprofit born in rural 1960s Mississippi. He is also a part-time employee at Cambridge Health Alliance (CHA) Hospital where he has been a Fellow working with Harvard Medical School research faculty for 4 years learning the Center for Mindfulness & Compassion (CMC's) approach to incorporating contemplative practice into primary care for patients to treat various health challenges. The MYP Research Director is a CMC Research Scientist in the healthcare system, a Southeast Asian woman with lived experience across sectors and systems who in her role as faculty offers access to the academic resources of Harvard Medical School and CHA healthcare system. The Chief Public Health Officer at Cambridge Department of Public Health is an African American with thirteen years of personal yoga practice for health.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Grant funds will support the expansion of the pilot which has supported Spanish-speaking patients of a Reentry Unit established with a grant from BSAS to support "Black and Brown men at risk of fatal overdoses upon release from incarceration." With more funds, we can expand the tools of self-healing and peer-leadership to more people of color in recovery by employing a program manager part-time, giving a formerly incarcerated man of color meaningful employment and fringe benefits for the first time in his life.

It would also allow us to partner with other reentry partners to offer our intervention to their constituents and also the opportunity for peer-facilitator training and subsequent paid community leadership opportunities with peers in their own community. Beginning November 2023, a research program is being developed to collect data with the support of a grant from the Robert Wood Johnson Foundation and in partnership with the CHA Center for Mindfulness and Compassion (CMC) - a Harvard Medical School Department of Psychiatry-associated research facility specializing in contemplative practices that support opioid addiction recovery. MYP is partnering with CMC to extend more community research partnerships specifically to people of color in recovery so that they - alongside research scientists and clinicians - can become architects of how their healthcare is researched and delivered.

The group practice itself offers healing benefits. Paired with breathing, the intervention allows the nervous system moments of rest and a sense of belonging. A board member of the nonprofit is himself a formerly incarcerated person in recovery and works full-time in a residential recovery setting - and says that recovery is best done in group. Mandela Yoga has been that group for patients of color at an FQHC in Lawrence, MA.

As the early-stage nonprofit startup creator of a promising integrative health intervention to support people of color who live in low-income communities and disproportionately struggle with deadly chronic health conditions, we no longer have the organizational capacity to pursue both philanthropic support - which has enabled us to cover the costs of piloting the intervention - and also pursue contract income that would make the programs self-sustaining. Thus our most urgent need is to become a vendor for contracts with public payors, alongside multiyear philanthropic support.

wo other areas of capacity building that would support it is Financial Consulting/ bookkeeping and

communications support to maintain our website and social media presences with our institutional/public sector partners and help prepare for presentations at convenings.

8. How will the funds help you achieve your goals?

MYP’s organizational focus is to resource communities of color with our intervention that is evidence-based and designed specifically to serve their unmet needs. People of color (POC) have more unmet needs for substance use disorder (SUD), and they experience worse outcomes when they access treatment services compared to non-Hispanic Whites. Research suggests that multiple barriers contribute to racial and ethnic disparities in receipt and outcomes of SUD care, including stigma, discrimination, limited access to treatment, and limited availability of culturally and linguistically effective providers. The criminalization of substance use has disproportionately affected communities of color. There is clear evidence showing that for Blacks, structural barriers such as poverty, racism and differential access perpetuate negative social and health outcomes, and significantly impede processes of SUD-related recovery and healing.

Co-occurrence of SUD with ptsd and other mental health concerns is common; all are closely tied to myriad social and socioeconomic factors, including housing employment stability, social connectedness and support, and criminal justice system involvement. SUD and recovery both involve an intersection of structural, social, and internal factors. Trauma is often involved. The factors for which there is a disproportionate burden on minoritized populations need to receive special attention from the design, delivery, and evaluation of interventions otherwise the risk is of repeating and the trauma will result in disproportionate incarceration rates, and relapse upon reentry and recidivism.

Funding with strengthen our organizational capacity, enabling us to secure contracts with BSAS, Community Care Cooperative, and the Massachusetts league of Community Health Centers, all organizations with which we have begun to partner. Employing people of color with lived experience with recovery and incarceration have been central to our successful pilots and capacity building funds will enable us to serve more POC in recovery so that they may in turn support more of their peers.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

Mandela Yoga Project P&L for RIZE M... .pdf

Organization's Operating Budget

2024 Mandela Yoga Project - Organiza....pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Manna Community Kitchen
Organization EIN	33-1064237
Year Incorporated	1986
Organization Address	48 Elm St Northampton, Massachusetts, 01060
Are you a fiscally-sponsored project?	☒ No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 1: Western MA

Check the most relevant box along the continuum for your services or activities. Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Families

Veterans Older adults sex workers

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Manna’s mission is to nourish people with food and community, doing so with dignity and respect with the goal of positively impacting as many lives as possible.

Our board is in the midst of re-envisioning our mission statement to be more reflective of the success of our drop-in center.

2. Describe the services your organization provides or the activities it engages in?

Manna Community Kitchen & Drop-in Center's foundation began in 1986, offering free meals and a safe space to build community for our most vulnerable members. After years of building trust with those that joined us for meals and a response to a local encampment fire, Manna opened a no barrier, harm

reduction based drop in center for individuals experiencing housing insecurity, SUD, mental health crisis', people that trade sex, PWUD; essentially the most vulnerable and cast off in our society.

We found that we needed to offer more harm reduction based services like syringe exchange, overdose prevention, wound care, Naloxone distribution/training, therapy, safe bathrooms, drug checking, laundry services and showers, reproductive health, as well as clothing and encampment supplies ranging from tents to basic survival needs. Manna also provides warm handoffs with our healthcare professionals at Hilltown Community Health Center and our local MOUD providers.

Because the majority of the community we serve have been abused or neglected by traditional service providers, it is natural that they arrive distrustful and are labeled non compliant which is why Manna offers activities to un-do systemic harm. Activities like, ongoing writing groups, a BIPOC poetry group, Photovoice (a method for participants to use cameras to reflect on concerns while stimulating social change) additionally, we offer a weekly Harm Reduction Works group (HRW)

On any given day, our staff participates in a full range of activities from walking someone through grief to providing clean clothes. We are a non-traditional organization and walk side by side with the people we serve to meet their basic needs with radical love and dignity.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

While Manna is open to everyone, the population of people that use our services are mostly unhoused individuals. Although the majority of our participants are predominantly those that identify as male, we have seen an increase of CIS and trans women and around sixty percent of our participants identify as BIPOC. Of those that identify as BIPOC over 50% identify as Black, 35% identify as Latino/Hispanic with the remaining 15% identifying as Pacific Islander, Native American and Bi-racial. A participant recently stated "I come here because this is the first place I haven't experienced racism." Manna has a unique demographic as we serve both rural and urban communities. Our focus is to reach those that cannot or will not use traditional services because of past negative experiences.

The priority population are PWUD and people that are at risk of overdose and/or those experiencing housing and food insecurity.

We have long been aware that the population we serve have been dismissed and stigmatized by society, which often results in fatal overdoses.

Manna has a strong, trusting relationship with the people we serve because our participants inherently know that we support them in all aspects of their drug use including high risk behavior. We know from the report back that our interventions have been life saving. Due to Manna's on site safer use model, we have not had a single overdose.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

As previously stated, Manna has established a strong and trusting relationship with our participants, leading to positive word-of-mouth and a reputable image. The trust they place in us and our other partners and service providers is shared within the community, fostering a sense of relief and confidence.

As we all know, traditional service providers have been incredibly abusive and stigmatizing to the most marginalized communities. People are often forced to skew their narrative to have their most basic needs met. We at Manna believe in honoring our participants collective experiences in helping them navigate a system that has historically failed them. Manna has sourced out providers that hold the same values as we do, providers such as Hilltown Community Health Center, HRH413, Tapestry Mobile Health, Baystate Hospital (Elizabeth Schoenfeld) and Brandeis University to ensure that our participants receive warm hand offs and always follow-up care. Because we have built sustainable relationships with each of these organizations, we are able to garner the trust from the people we serve which allows transparency between individuals and providers. Manna is committed to meeting people where they are at and doing so with compassion and care. When Manna first opened our drop-in center we recognized the need for our staff to reflect the people we serve. We immediately set a goal to hire a diverse staff, which we met with success.

Historically most harm reduction programs were set up to provide services for CIS, heterosexual, white men which provided a huge gap in service provision. Manna wanted to be more accessible and equitable

and challenged the current system by hiring queer, faith based, Black & Brown individuals and those with lived/living experience.

Even when Manna's doors are closed our staff still makes themselves available.

While we still have boundaries, we are more flexible than other providers. For example, staff will sit with a participant who is at risk of overdose for hours and provide late night check ups in encampments where people are experiencing high percentage of drug use.

Another example that reflects this, is a newly housed participant who struggles with SUD. He lived outside for 22 years in an encampment and is recently housed which has caused severe loneliness and isolation.

Two of our staff members went early in the morning before he was at risk for intoxication and took him to get a TV to ease his despair.

Manna listens to our participants and meets regularly to advocate for a plethora of unique needs and has a nimbleness that most organizations lack.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Listening to the voices of our participants is 100% of what we do and their voices are far from unheard.

Manna and our participants have built a peer-led Community Advisory Board. The goals of this board are to ensure that Manna is an inclusive space for all and that our participants feedback is not only valued but implemented. A vital task of this board is to be clear that our future and existing partners uphold the same values as Manna does for our community. We also intend to hold quarterly focus groups with our participants so we can assess our progress of keeping inclusivity sustained at Manna. We are in community shoulder to shoulder every day. We empower our people to use their voice to ask for what they need. If we can't meet a particular need we will find someone that can.

Since so many of our participants are at risk for overdose, mutual trust is key to keeping people alive by actively listening to how our people use drugs, current drug trends, set/setting etc. We found that honest dialog has been one of the most essential tools for ending overdose.

We also recognize one of the barriers to accessing services is that most of our participants are living in a state of constant continuous trauma. We at Manna don't just say we provide trauma informed care, we recognize their pain and help them feel seen, loved and heard. Manna is very intentional about each participant's voice. The current treatment system often categorizes the majority of our participants as non-compliant. We challenge this perception by actively listening, as we trust that our participants are the authorities in their own lives, and our role is not to dictate but support their expertise. This is what makes our program successful.

6. What steps has your organization taken to create a more inclusive work environment?

Manna and our program would not have such successful outcomes without the team we currently have. It takes a certain type of spirit to do the work that we do. Manna is proud of our diversified staff that not only upholds our mission but practices it in their daily lives. Half of our support staff identify as BIPOC which reflects the majority of the people we serve. One of these staff members, Teo, is bilingual. In the past few months, since Teo joined our team, we have been able to reach multiple individuals for whom language had been a barrier in accessing life saving services.

Our staff is queer and diverse with lived/living experience including drug use, sex work and mental health issues as well as food and housing insecurity.

We have a "family meeting" once a week to ensure that we are on the same page and better serve our participants and support one another. This work is hard.

Over a year ago we collectively decided to bring in a clinical supervisor to help us explore the nuances of grief, case management and interpersonal relationships.

Even though we assign titles to our staff in this grant, we operate on a flattened leadership model. We advocate with power with, not power over, as we believe it is the most effective way to foster equality in managing a successful program. While this proposal uses the term "participants," we find "guests" more fitting and humanizing, as it conveys a sense of welcome and provides a better description.

Training that we offer our staff and volunteers has been deescalation & diversity training with WildFlower Alliance. We plan to hold a series of training sessions which include undoing white supremacy in the workplace and unpacking racism and trans inclusivity.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Since opening our drop-center, Manna has grown and is serving more people than ever with new participants daily. Our goals in the next three years to better serve our participants are as follows...

1.Create a consistent outreach team. We are aware that not everyone will use a brick and mortar site and we are committed to creating an outreach team that can access this population on a regular basis. We are aware that this population is at most risk for overdose. Our staff is experienced in outreach we just need the funding to support extended hours. We believe that outreach is essential to being an affective no barrier program.

2. Hire a faith based leader. [REDACTED] who is a Pastor and vital part of our team, is currently being paid through another organization and her funding will be ending at the end of this month. [REDACTED] is a faith based leader that believes the work we do helps bend the arc of the moral universe towards justice. Manna needs to keep [REDACTED] as we cannot envision our organization without her and our participants look to her for spiritual support and divine grace. [REDACTED] walks among the suffering and unloved without judgement and has helped people through all paths of recovery including continued use and post overdose with compassion.

3. Pay our staff more- As we said before, we have a core team but we can only pay them limited hours if we extend our hours we can provide more services for our participants as well as offer more additional income to our valuable team.

4. Finding a bigger location. We are working out of a church basement and kitchen which we have outgrown. Having a larger space would help us to serve and reach more people as we grow. Our own space and larger space would give us the freedom to offer more to our people without limits or barriers.

8. How will the funds help you achieve your goals?

If Manna successfully secures this funding, it will enable us to retain our current staff, including bringing [REDACTED] onboard, and ensure stable employment for our entire team over the next three years. Our experience shows that the continuity of these established relationships with the people we serve, is crucial in keeping PWUD safe. Manna is deeply committed to preventing overdoses, and we believe that one of the keys to achieving this is through unity and trust. At Manna, no one stands alone. Providing access to Manna and our staff has kept people alive. Extended hours, street outreach and staff stabilization add up to a safer environment for drug users and our most vulnerable community members.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Manna2023P&L.pdf

Organization's Operating Budget

 Manna2024Budget.pdf



Monday, May 27, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Mario's Mission

Organization EIN

93-4418868

Annual Operating Budget

23,900

Year Incorporated

2023

Organization Address

10 Hoover Avenue
peabody, Massachusetts, 01960

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

President

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 20000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 3: Northeast

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

Youth

Families

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

We offer sober living scholarships, educational programs, peer support meetings and various approaches aimed at fostering a safe and supportive environment for recovery. Our mission is to assist individuals in achieving long-term sobriety and reintegrating into their communities with resilience and hope.

2. Describe the services your organization provides or the activities it engages in?

Sober living scholarships, peer recovery meetings, family support meetings, all pathway meeting, care kits and essential award

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

We serve, adults, young adults, senior citizens, LGBTQ. Everyone is given an opportunity to be served and assisted.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to

all community members?

We work with volunteers who are able to connect with the community on a deeper level

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Advisory committee, outreach volunteers, social media.

6. What steps has your organization taken to create a more inclusive work environment?

Diverse staff and volunteers, DEI trainings.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our Goals are to be able to provide more scholarships for sober living, additional essential care kits (bag filled with hygiene products) and Educational programs to be able to educate students and adults on relapse prevention.

8. How will the funds help you achieve your goals?

the funds will immensely help us achieve our goal of helping more than 100 people per year, If we could secure a grant we can provide additional scholarships to those in need. The additional resources we could provide would also be more care kits to had out to the unsheltered population. We are always looking to add to our services, it would be a huge help to have a structured grant to be able to secure and provide more to the community

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



33_Draft financials 2023-24 as of 2-13....pdf

Organization's Operating Budget



Draft financials 2023-24 as of 2-13-24.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization Adult & Teen Challenge Massachusetts-Worcester

Organization EIN 04-2401399

Year Incorporated 1964

Organization Address 81 Chatham St
Worcester, Massachusetts, 01609

Are you a fiscally-sponsored project? ☒ No

Primary Contact Full Name [REDACTED]

Primary Contact Email [REDACTED]

Primary Contact Title [REDACTED]

Primary Contact Preferred Pronouns ☒ he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name [REDACTED]

Email [REDACTED]

Title [REDACTED]

Preferred Pronouns ☒ he/him/his

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 2: Central MA

Check the most relevant box along the continuum for your services or activities. Treatment

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Veterans

Older adults

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Adult & Teen Challenge Massachusetts-Worcester exists to bring life-changing freedom to those struggling with Substance Use Disorder and their families.

2. Describe the services your organization provides or the activities it engages in?

Adult and Teen Challenge is a 74-bed, long-term residential drug and alcohol rehabilitation program located in Worcester, MA. Our program is part of Adult & Teen Challenge New England and New Jersey (based out of Massachusetts), which has been providing long-term addiction treatment services in New England for nearly six decades.

The opioid crisis continues to plague citizens of Worcester County, and our program serves adult men struggling with substance use disorder, offering them long-term assistance and resources necessary to overcome their addiction and rebuild their lives. Our residential treatment program runs for 10-12 months. While this is much longer than most programs, we believe it is crucial for full physical and emotional recovery. Other programs are able to serve more individuals within the span of a year, but our approach leads to higher rates of long-term and even life-long sobriety. Moreover, there is a significant amount of personal work required for long-term success. Our educational curriculum comprises 12 units and 5

phases, and includes subjects such as growing through failure, anger management, self-acceptance, setting healthy boundaries, understanding the nature of addiction, relapse prevention, and more. We offer weekly clinical addiction counseling, group therapy, and optional family counseling. We create customized treatment programs for every resident, tracking their progress even after they complete the program. We believe that faith can play a significant role in recovery, providing daily opportunities for prayer, reflection, and meditation.

Individuals who have dropped out of school will earn a GED or high school equivalency diploma before completing the program, and are experienced in accommodating those with learning disabilities. Our vocational tracts also equip residents with essential skills, such as carpentry and culinary arts, under the guidance of experts.

We believe strongly in the power of outreach. Our passion for community engagement drives our End Addiction Team, composed of both staff and residents. They set up informative tables in front of participating businesses across Worcester county. Through these efforts, we've distributed thousands of educational pamphlets, shedding light on the dangers of drugs and offering valuable resources to those affected by addiction. Everyone who serves on this team is either a graduate of Adult & Teen Challenge, or are presently in the program, so they have first-hand experience as people who struggle with Substance Use Disorder (SUD).

Additionally, our EPIC (Education | Prevention | Intervention | Connection) Team plays a vital role in raising awareness about the perils of drugs and alcohol. They actively engage with high schools throughout New England, delivering impactful presentations that enlighten and inspire the youth to make informed and healthy choices. While we were forced to put this program on hold during Covid, we are beginning to see more opportunities for this program to continue. At Adult & Teen Challenge, we believe in fostering a community that supports each other, not only within our residential program but also throughout the region. It is our objective that every individual in Worcester has access to the necessary knowledge and resources to combat addiction effectively.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Note: While we did not check off every box listed above as a priority, we regularly help people from each of the listed populations.

All of the residents of our program are People With Lived and Living Experience with substance misuse. Over 80% of our residents come from low-income areas or are individuals experiencing homelessness. As a result of the financial difficulties many of our clients face, the vast majority (95% or higher) are unable to financially contribute towards their treatment. Many do not have any form of medical insurance.

We also work hard on behalf of those who are formerly or currently incarcerated, as well as those who are currently facing criminal charges. With authorization from the individual seeking treatment, we communicate directly with attorneys, DA's, judges, and parole boards, advocating for their right to receive treatment. In fact, regardless of the number of appearances required, each resident in our care will be accompanied to each court appearance by a senior member of our staff who is prepared to advocate on their behalf.

As a personal note from the person preparing this grant ([REDACTED]), I am a great example of what a difference this can make in a person's life. I was incarcerated when I learned of this program in 2004, and was facing 14 felonies including 2 armed robberies. Once released on bail, I was rejected by every other program I called. In spite of my legal troubles, having no money or insurance, this program accepted me and brought me to over 100 court appearances in 2 counties over the following 15 months. I was eventually convicted of 9 felonies, but thanks to their advocacy was sentenced to only 3 years probation. I have been clean for 20 years and have never faced another legal issue.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Reduced or Waved Admissions and Treatment Fees - We believe that everyone has the right to receive treatment, regardless of their ability to financially contribute. We work with everyone who wants help, and never turn anyone away on the basis of finances.

Diverse Staff - While our organization is not certified as a diverse nonprofit, we have been intentional about continually improving. Presently 33% of Adult & Teen Challenge New England and New Jersey's executive leadership team is Latinx, and another 33% are women. 25% of our board is comprised of women. As for Adult & Teen Challenge Massachusetts - Worcester, over 50% of program leadership is Latinx and our Director is Black.

Bilingual Staff & Curriculum - We are proud to have Spanish-speaking staff members and offer our entire curriculum in Spanish to ensure accessibility for our Spanish-speaking residents. Currently, 15% of our resident population are Spanish speakers, and we are committed to providing them with the same high-quality care and support as our English-speaking residents.

Transportation Services - We transport our residents everywhere they need to go, whether it be a doctor's appointment, a court appearance, supervised visitation with children.

ADA Accessible Facility - One of the reasons we bought our facility at 81 Chatham Street is because it was formally a retirement home and therefore the physical layout is accessible to individuals with disabilities, including wheelchair ramps, accessible restrooms, and appropriate signage.

Non-Discrimination Policy - We have developed and revised a robust and strictly enforced non-discrimination policy over the past two decades.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Client & Employee Feedback - We conduct regular, confidential client and employee surveys to ensure that we continually improve our services, address any concerns promptly, and create a supportive and responsive environment for everyone. We also have suggestion boxes in accessible locations where clients can anonymously submit their feedback and ideas.

Exit Interviews - We always perform exit interviews with clients who are leaving the program to hear their thoughts on what we can do to improve our program.

Relapse Prevention - When a relapse occurs, our support staff and Director promptly meet with the resident to collaboratively identify strategies and approaches that could have been implemented to prevent it. This proactive and supportive approach helps residents learn from the experience and strengthens their ability to maintain long-term recovery.

6. What steps has your organization taken to create a more inclusive work environment?

Community Represented in Staff - Currently, 90% of our staff members have either completed our program or undergone similar treatment for Substance Use Disorder. Historically, we have hired nearly all of our direct care staff through this approach, as we believe it is crucial for those receiving treatment to witness firsthand that success and transformation are achievable.

EEO Policy - We have an extensive EEO policy which is too large to include here.

While these hiring practices inherently bring some level of diversity, we acknowledge its limitations and are committed to further enhancing the diversity and inclusivity of our team, as you will see reflected in our goals. We hope to use part of the funds received to establish DEI Policies and leadership training.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Operate At Full Capacity - Thanks to the generosity of capital grant awards over the past two years, we have successfully renovated our building at 81 Chatham Street, increasing our bed capacity from 41 to 75. However, to ensure these beds are consistently occupied, we need to implement several key strategies. While we understand the necessary steps to achieve this goal, we have previously lacked the resources to fully execute these plans.
2. Expand Community Outreach & Collaboration - While operating at full capacity is our top goal, it may not be achievable without expanding our community outreach and collaboration. We would like to hire a outreach coordinator to help us establish a referral network with local hospitals, clinics, detoxes, and mental health professionals. This coordinator would help us become a resource for the community of Worcester and anyone who wants help. We would like to host (or co-host) community events and workshops to reach a broader audience. We plan to expand our prison outreach, reaching more incarcerated individuals and work more closely with the DA's office to get as many people deferred out of prisons and jails for drug related offenses.
3. Develop & Implement DEI Policies and Trainings - With the help of experts, we would like to create and enforce policies that promote diversity, prevent discrimination, and ensure equal opportunities for all employees. Additionally we would like to conduct training sessions on unconscious bias, cultural competency, and inclusive practices. Lastly, we would like to increase our feedback mechanisms to gauge the sentiments of employees and residents.
4. Volunteer, Intern, and Mentorship Programs - We have a lot of supporters who would love to help us by volunteering, but we have lacked the time and resources to train them and utilize them. We would like to hire a Volunteer & Mentorship Coordinator to manage volunteer activities, provide support, and address any issues. We would also like to partner with local educational institutions to create internships for those interested in the field. Lastly, a mentorship program specifically focusing on professional development for the men in the program, would be invaluable. Residents would be matched with mentors based on their areas of expertise.

8. How will the funds help you achieve your goals?

Securing \$100,000 per year for three years from Rize Massachusetts would significantly advance our organizational goals, as outlined below:

1. Operate at Full Capacity - The funding would enable us to implement vital strategies to ensure our 75 beds are consistently occupied. We would allocate resources towards enhancing our marketing efforts, expanding our referral networks, and improving our intake processes to maintain full occupancy.
2. Expand Community Outreach & Collaboration - To achieve full capacity, we need to expand our outreach. We would hire an Outreach Coordinator to establish referral networks with local hospitals, clinics, detox centers, and mental health professionals. This coordinator would also help us host or co-host community events and workshops, expanding our reach in Worcester. Additionally, we plan to extend our prison outreach, working closely with the DA's office to facilitate deferred sentencing for drug-related offenses. We would purchase a gently used box truck to facilitate our outreach activities, transporting tables, chairs, and a tent for community events. This funding will help us maximize our impact and ensure we operate at full capacity while fostering a supportive, inclusive community.
3. Develop & Implement DEI Policies and Trainings - We aim to create a more inclusive environment by developing and enforcing comprehensive DEI policies. Hiring an expert, we would conduct training sessions on unconscious bias, cultural competency, and inclusive practices. We would also enhance our feedback mechanisms to continually gauge and improve employee and resident sentiments.
4. Volunteer, Intern, and Mentorship Programs - We would hire a Volunteer & Mentorship Coordinator to manage volunteer activities, provide necessary support, and address any issues. This role would also help establish partnerships with local educational institutions to create internship opportunities and develop a mentorship program focusing on professional development for our residents.

We understand that funds received by Rize would only partially cover these costs.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 ATCNENJ 2022 Audited Financials.pdf

Organization's Operating Budget

 WO 2024 Budget.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Maverick Landing Community Services (MLCS)
Organization EIN	20-5911734
Year Incorporated	2007
Organization Address	31 Liverpool Street Boston, Massachusetts, 02128
Are you a fiscally-sponsored project?	☒ No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 6: Boston area

Check the most relevant box along the continuum for your services or activities. Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Youth

Families Older adults Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Maverick Landing Community Services (MLCS) is a neighborhood-based organization in the heart of the Maverick Landing housing development and Maverick Square in East Boston. Our mission is to build an equitable community by uplifting and supporting families, promoting community health, and nurturing resident and youth leadership and creativity.

2. Describe the services your organization provides or the activities it engages in?

With an organization of 1.2 million, 15 FTE employees, an 11-member volunteer board of directors, and 25 active volunteers, MLCS is dedicated to addressing health inequities and advancing personal and economic wellness for 2500 individuals in East Boston who are most impacted by poverty.

MLCS programs:

1. Case management that navigates poverty by mitigating food and housing insecurity, providing supportive services and coordinating referral to specialized clinical and legal services.
 - a. Supportive Case Management with a comprehensive intake process capturing demographic, income, household, and pressing needs. Case managers plan with individuals who identify and work towards goals.
 - b. Weekly Fresh Produce Program – provides over 350 bags of fresh produce to families experiencing housing insecurity.
 - c. Boston Housing Support and Evictions Lab is cross-sectorial collaboration with Northeastern Law School in a housing advocacy unit supported by a team of 8 law students and led by law school professor Ana Rivera.
2. Youth and adult education that supports English language acquisition, promotes digital literacy and advances economic mobility through career support, resume development, job placement, and referrals to industry-specific training programs.
 - a. Beginner and intermediate English as a Second Language offerings include 2 beginner level classes each serving 15 students and an intermediate level class serving 30 students. Classes integrate digital literacy and workforce offerings and are geared to advancing goals identified in a client's initial case management plan.
 - b. Digital literacy classes in English and Spanish that support individuals who have not been exposed to technology because they come from countries of origin where they have not had sufficient access because of poverty or are reentering the community after having been previously incarcerated. Thanks to a partnership with Tech Goes Home we are able to offer everyone who graduates from at 15 hour week digital literacy classes a Chromebook. Classes are offered year-round.
 - c. Onsite Resume development, job application assistance and career exploration support for youth and adults who are in need of ongoing support to meet their career goals.
3. Youth development program serve over 150 youth per year by mentoring youth and modelling self-care while also advancing STEAM skills and creativity through makerspace education and leadership.
 - a. Peer-2-Peer life skills education program has a team of peer facilitating substance abuse prevention and life skills workshops using the Botvin Life Skills curriculum and with support from the Boston Public Health Commission.
 - b. Restorative Circles offer monthly support to youth and young adults by modeling self-care and restorative practices and building a network of community support.
 - c. Kid's Makerspace provides a daily afterschool makerspace for kids ages 7 to 12 to engage in creative learning activities.
 - d. Maverick MakersPro hires teens and young adults to build, design and produce products that are sold in local markets. Products include key chains, journals, coasters, and signage.
 - e. Community Builders engages youth in community-based projects such as making meals to unhoused families, facilitating weekly community "kickbacks" and a quarterly wake-up series that explores and facilitates community dialogue about compelling social justice issues.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our priority population are youth and families who are at risk for harm because of poverty. We operate in mixed-income and public housing development and in Maverick Square, where there are a multitude of high-risk youth. Specifically, 100% of the youth and families served by this program live at 100% to 200% of federal poverty thresholds. Additionally, 80% of families of the youth we work with are single-parent households. Youth are at risk of being recruited to local gangs or recruited to run drugs because the single parent is often working long hours and the youth are eager to help their struggling families or may be isolated. Early recruitment for running jobs often leads to gang involvement as children grow into teens, increasing the likelihood of early criminal system involvement or community violence.

There are also community harms that place youth and families at risk. In May of 2024 there was a raid at 44 Border, a six story building in our community that had been dominated by drug ring dealing opiates. Ten

people were arrested. Three apartments are being targeted for eviction. Several of those arrested are also victims - individuals long in recovery who were isolated and subsequently manipulated and threatened by dealers who then became uninvited permanent guests squatting in their homes and dealing to youth and other vulnerable residents in close proximity. It is a problem that requires both individual and community-wide strategies.

Youth and families who are at risk for harm also experience isolation and family fragmentation that places young people at risk for recruitment in gangs. Creating a sense of belonging through to peer-to-peer interventions, restorative practice and young adult circles, and community-building celebrations that honor cultural heritage like our Annual Juneteenth event are key.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Approximately 56 percent of people in East Boston are Latinx immigrants but they have been historically marginalized and are not often reflected in the nonprofit staff of some of the largest nonprofits in the neighborhood. At MLCS we are changing this norm. 100% of our staff live or have lived and were displaced from East Boston and reflect historically marginalized Latinx and immigrant communities like those in East Boston.

Our board of directors reflects the community we serve and is approximately 70% Black and Latinx and our organization is 90% Black and Latinx and reflects our commitment to reflect the community. Two board members reside in Maverick Landing itself. We believe in the power of hiring from within the community, and as a result, 90% of our staff currently live in East Boston. Additionally, 50% of our staff have either lived or are currently living in a housing development, bringing a unique perspective to their roles. We value having dedicated community members on our team who deeply understand the needs and aspirations of the people we serve. We believe in the power of volunteers and have over 20 committed volunteers who regularly give of their time to support our program. At MLCS, we take immense pride in our commitment to diversity, equity, and inclusion, and our leadership team reflects this dedication. Our Executive Director, Rita Lara, is a first-generation Latina with deep connections to the community in East Boston. Growing up in a public housing development in Lawrence, MA, Rita brings firsthand experience and a racial/ethnic background that aligns with the community we serve.

We also hire for language capacity. Five of our full-time staff speak Spanish and make sure that all of our outreach materials are language accessible. A majority of our youth leads are also bilingual and speak Spanish and Arabic. We often find information less accessible in Arabic and use our collective talent to translate health education and other materials. We also make information more access by using our teen makerspace tools where we use a book-binding machine and often incorporate into our youth activities opportunities to translate and make more accessible important information community information.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Maverick Landing Community Services has a deep connection with the immediate community; therefore, our identification of the gaps in services mainly comes from our community members. For instance, we have received multiple reports from residents in the Maverick mixed income housing development that they feel unsafe within their buildings, as gang-affiliated members are being buzzed in at all hours of the night.

We have hosted a multitude of public forums, giving community members the opportunities to vocalize their concerns such as a quarterly safety meeting and monthly restorative circles.

We go beyond including direct service program participants in organizational planning and decision-making. We have established a family advisory consisting of parents and guardians of children and youth in our programs. This advisory plays a vital role in shaping our strategies and decision-making processes. We regularly gather for bi-weekly dinners, providing a space for open dialogue and discussions. The insights and perspectives shared during these gatherings deeply inform our program development, ensuring that the needs and aspirations of families are at the forefront of our organizational planning.

Finally, through our work with the East Boston Spatial Justice Lab we are working on building a culture of belonging and inclusion. The lab receives an NEA grant and MLCS receives a Kresge grant focused on using arts and culture to build a culture of belonging and inclusion. We just completed a survey that will be used to inform the processes and protocols that guide our work.

We also have two community residents who live in Maverick Landing on our board and we have an active parent advisory that informs our programs and services.

6. What steps has your organization taken to create a more inclusive work environment?

We are committed to hiring a diverse staff and reflect racial and ethnic, gender, age, and sexual orientation diversity as well as a diversity of abilities. One of our core organization values is that everyone is welcome in our spaces and we ensure that our spaces feel safe to people and have visual cues reminding everyone that we promote and support all kind of diversity in the organization.

Our strategic plan includes a tactic that is focused on strengthening our Human Resource systems and supporting stronger training. One of our board members and former staff is a DEI professional who designs and conducts DEI programs for a consulting firm and has offered to help us assess our protocols, systems, and to support staff training.

Our staff have participated in anti-racism trainings as well as workshops that promote that deepen understanding about racism as a form of trauma for people of color.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

We are in year two of a three-year strategic plan and are working towards these key goals and objectives. Goals that are more challenging to meet because of capacity in fundraising and back office are the following ones:

GOAL 1

Communications: Map out a communications program that showcases the intersectional nature of our services and its positive impact in the community.

Because our programs are intersectional and so comprehensive, it can be challenging to tell our story to funders in away that is simplified but that also is supported by the data we collect and follows a theory of change.

GOAL 2

Programs: Strengthen programs to produce measurable impact toward improving lives in the community

We have a database that captures all of our case management data but it can be hard to determine our impact despite having good data about our work. How to use this data and collect additional information that tells the story of what we do is something we can use help with. It also requires special talent that we do not currently have on staff.

GOAL 3

Operational Effectiveness: Identify systems and processes that will streamline operations to increase organizational effectiveness

Because our programs are so varied and community wide we have not had a professional human resources person or administrator to help us streamline our operations to minimize inefficiencies and grow more effective. We also often lack the reflective time to plan and make necessary system changes.

GOAL 4

Financial Sustainability: Achieve financial sustainability to fund operations reliably and for new program investment

We are always operating with about 6 to 8 months of funding and have grown to over 1M which is a difficult place. Much of our staff time is dedicated to implementing program but we need additional fundraising and financial administration support to grow a reserve for our organization and to help us get off the treadmill of reactive fundraising.

GOAL 5

Governance: Build and nurture a strong, engaged, and knowledgeable Board to lead the organization

While we have a committed board, because it is hard to tell our story, it is also hard to help the board truly connect with our work. We need more strategies for cultivating and engaging our board so that they can be champions of our work.

8. How will the funds help you achieve your goals?

The funds would help us to strengthen back office operations by doing the following:

- 1. Marketing - a marketing consultant could help us to better tell our story to engage our board and donors and to help us better make the case to funders.
- 2. Fundraising - a fundraising consultant could assess if we are better off narrowing our fundraising to a particular model such as focusing on federal or public sector grants versus corporate or foundation grants. We need help focusing our efforts so that we can build a small reserve to keep the organization sustainable.
- 3. Finance - we would hire some more back-office finance support to help us build capacity in fundraising so that we could meet our goals of building out a reserve.
- 4. Leadership - we would use funds to hire someone to help us examine our leadership and organizational structure to determine whether it can fully support our level of programming or whether we need to narrow our efforts.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 MLCS 2022 Final audit.pdf

Organization's Operating Budget

 FY 2022- 2023 org budget 2024 projec....pdf



Thursday, June 6, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Power Forward, Inc.

Organization EIN

82-4404034

Annual Operating Budget

\$412,750.00

Year Incorporated

2018

Organization Address

3 Webster Square PMB#465
Marshfield, Massachusetts, 02050

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@powerforward25.com

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Statewide

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The mission of Power Forward is to fight addiction and substance use disorders (SUD) through education, empowerment, and innovation. Power Forward believes that opioid and other substance addiction can be prevented and recovered from and tackles this silent epidemic by pushing back against the stigma while supporting those in recovery.

2. Describe the services your organization provides or the activities it engages in?

The three pillars of Power Forward's mission, education, empowerment, and innovation, are reflected in its programs and services:

Education: Founder [REDACTED] provides education on preventing and overcoming opioid addiction and substance abuse through speaking events with students, NHL rookies, corporations, youth hockey teams, colleges, AA meetings, homeless shelters, and more, creating a stronger community to help fight against addiction. Kevin is a two-time NHL Stanley Cup Champion and three-time NHL All-Star who spent 25 years battling addiction after a devastating on-ice injury and consequential addiction to opioids. Kevin finally found hope when a compassionate judge offered him a chance to turn his life around. Kevin's story of recovery, shared at over 210 events, is a cautionary tale and stirring reminder that comeback can be bigger than any setback.

Empowerment: Power Forward empowers those struggling with addiction through the Sober Living Program, which utilizes program resources, community connections, and partnerships to link individuals with sober living facilities. The Sober Living Program has assisted over 366 individuals to date in finding and funding their initial weeks of sober living, working with Massachusetts Alliance for Sober Housing

(MASH)-approved sober homes that are vetted by Power Forward staff to ensure they align with organizational values and goals. While there is increasing support for SUD treatment across the US, there are few sober living facilities affordable for individuals just entering into recovery, which is further exacerbated by no insurance companies supporting sober living costs. Power Forward mitigates this risk by covering the initial six weeks of sober housing for individuals in recovery, providing accountability, and ensuring participants are immediately supported to acquire a steady income to sustain their recovery.

Innovation: Power Forward is implementing the Dog Ownership Enhancing Recovery (DOER) Program, which gives individuals the chance to experience the unconditional love of a dog, responsibility, and accountability by providing service dogs to live in-house at partnering sober homes. As the first program of its kind in the US, DOER was created after [REDACTED], a Power Forward Board Member and Steward Medical Group physician specializing in addiction recovery, noticed that many patients who maintain recovery have pet dogs. Having a dog increased responsibility, accountability, and a maintained sense of purpose, factors that are all key in addiction recovery. Power Forward is spearheading this program alongside prominent healthcare providers Massachusetts General Hospital and St. Elizabeth's Medical Center and is being piloted with several service dogs finishing intensive training with Golden Opportunities for Independence (GOFI), a nonprofit organization that has been training high-quality service dogs to assist and empower those with disabilities for over 20 years.

Power Forward has ready-to-implement plans and infrastructure to achieve a goal of having 10 service dogs in the program by the end of 2024. The majority of Power Forward's sober home partners have already expressed interest in the program. With the successful implementation and growth of DOER, Power Forward will create and maintain a space where the positive effects of animals supporting those with addiction can thrive.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Power Forward supports adults who have fallen through gaps in current support systems for opioid and other substance abuse recovery, including those who have completed primary treatment or are transitioning back to independent living from incarceration, the hospital, or detox, with crucial support that can prevent relapse, homelessness, and even overdose deaths. These individuals are often underserved by current support systems for those with SUD, and Power Forward provides needed access and guidance to sustain their recovery.

Power Forward has supported over 366 individuals with sober living resources since inception. Approximately 20 individuals are accepted into the Sober Living Program each week, staying for 3-6 weeks depending on their unique situations. Over 200 unduplicated individuals are served annually, and Power Forward plans to maintain and increase this number as the organization's capacity grows. The majority of those served have low- to no-income, and many come from difficult family or life circumstances. For example, Carrie, a participant in the Sober Living Program, had nearly two years of sobriety, but the instability of her home life threatened her recovery. Power Forward was there to help Carrie get into sober housing to have the time she needed to stay sober, stable, and get back on her feet once more.

According to the National Institute of Mental Health (NIMH), substance use disorders are “treatable mental disorders that affect a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications” (2024). All individuals served by Power Forward experience mental health disabilities in the form of SUD and have lived or living experience with substance misuse and recovery. Power Forward also supports those with housing insecurity, those who have been formerly incarcerated, and those of a variety of races, ethnicities, sexualities, and more.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Power Forward is wholly dedicated to providing access to all community members in need of sober living supports. To ensure at-risk Massachusetts communities are aware of Power Forward's services, Kevin shares information about the Sober Living Program at speaking engagements about the further support Power Forward provides amidst the opioid crisis. Power Forward also maintains a social media presence

and has developed networking efforts through these platforms and word of mouth with current connections.

Power Forward is engaged in several ongoing collaborations with healthcare partners across Massachusetts. These partners refer clients to Power Forward after they complete an initial detox, initial time in a treatment facility, or are leaving incarceration:

- Massachusetts Department of Correction
- Spectrum Health Systems, Inc.
- St. Elizabeth's Medical Center
- Gosnold Behavioral Health
- High Point Treatment Center
- Gavin Foundation
- Charles River Recovery

In 2023, Power Forward was invited to attend a meeting of MASH owners. As the only organization invited that was not a direct sober home owner, Power Forward was able to present on the Sober Living and DOER Programs, providing an increase in referrals and awareness of Power Forward's efforts in the community. Power Forward has also presented at the Massachusetts Department of Correction to discuss the Sober Living Program, which led to two additional presentations to other Massachusetts departments that assist those leaving incarceration.

Because Power Forward seeks to support those who are more likely to fall through gaps in current support systems, the organization is creating an accessible way, especially for the underserved, to find safety, security, and accountability in MASH-approved and high-quality sober homes.

The application process to receive support from Power Forward is standardized. When reviewing applications, Power Forward's primary concern is in supporting those with a genuine desire to recover from their addiction and a readiness to begin this step of their recovery journey. Many individuals seeking support struggle with a lack of income, and many more struggle with insurance that will not cover the cost of sober living supports. Because of this, Power Forward has not discriminated against those who are employed, choosing instead to review each application holistically and provide services for all seeking support. Power Forward rarely denies an application, and only does so under extreme circumstances of embellishment, untruthfulness, or other difficult situations not in line with organizational standards.

For those who may struggle to complete applications on their own due to disability or limited English proficiency, staff and Board members [REDACTED] and [REDACTED] are available to work directly with individuals, case managers, and interpreters as needed.

To better support the increase in applications to Power Forward, the organization is building partnerships with more sober homes across the state to allow for greater capacity and greater ability to serve those in other areas of Massachusetts. Kelli and Dana visit 5-10 sober homes every two weeks to accomplish this goal, completing one-on-one interviews with sober home managers to ensure they are up to the high standard of care that Power Forward seeks for its clients.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Power Forward is growing rapidly and now works alongside 13 sober home partners, with more being vetted in coming months. Additionally, Power Forward's success has already led to the creation of its sister organization, Power Forward Utah, and expects more organizations to implement similar programs and services across the United States.

Power Forward is committed to evaluating its programs and services to ensure client needs are being met and adjusted to as needed. Measurements for success are as follows:

- Bi-weekly Board meetings to discuss impact and growth of the organization's programs.
- Weekly meetings between Power Forward and house managers to discuss client progress and DOER Program impact when applicable.
- Weekly client self-reported surveys.
- Three-week checkup meetings between Power Forward staff and sober home managers to determine if three weeks of additional support is needed.

- Six-week checkup (in rare circumstances) to evaluate need for further support.

Power Forward is building a database to measure demographics and outcomes by reporting on in-person visits 30-60 days after clients leave programs. The organization plans to share the database with other organizations and sober homes for more accurate program evaluations.

Power Forward staff will meet with sober home managers on a regular basis to evaluate home environments and management. In getting to know those served at these sober homes, Power Forward is also searching for natural leaders who can assist with administrative tasks such as gathering weekly surveys or leading DOER Program efforts in their sober homes. Many of these individuals are those who have greatly benefited from Power Forward's support and want to give back. Currently, one client at Hope Beyond Hope has offered administrative support and assistance with service dog Taylor. This has been instrumental in the implementation of the DOER Program and in clients proactively supporting themselves in their recovery.

6. What steps has your organization taken to create a more inclusive work environment?

Since inception, Power Forward has prioritized building a Board of Directors, Advisors, and staff members from those who have lived experience with opioid and other substance abuse and recovery, those who are supporting family and friends in addiction recovery, and those who have professional experience in the field of addiction treatment and recovery. This intentional decision has created a collective voice for Power Forward that is aware and understanding of the struggles of those served.

The organization is now at a point in its growth where the implementation of a more ethnically and racially diverse Board is a goal and priority for coming years. Power Forward's leadership maintains a gender-diverse group of voices, spearheaded by strong women such as CEO & President Kelli Wilson. In coming years, the Board will seek out people of color, those who identify with LGBTQ+ populations, and others who bring new voices to the table that better reflect those served.

Power Forward will look to current partners and associates who implement stellar leadership in their communities and organizations to build the Board. These individuals could include sober home managers, AA and NA (Narcotics Anonymous) community leaders, friends of Kevin's in the sporting community with lived experience with addiction recovery, and other medical professionals.

Power Forward's current sober home partners consist of both women's and men's sober homes. In the past, Power Forward supported an LGBTQ+ sober home, but due to a lack of individuals needing service, it was closed down. However, Power Forward will be at the forefront of supporting that need as it arises in the future, proven by the fact that recently, a transgender woman was accepted into the Sober Living Program and is now receiving service and support at one of Power Forward's sober home partners.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Power Forward is committed to sustaining and expanding programs and services in coming years. With requests for support increasing to over 30 applications each week, a greater capacity to serve these individuals is crucial.

Power Forward conducts weekly evaluations to measure impact, track client progress, and adjust programs to meet goals of increasing participant mental health, participant sobriety retention, and the number of partnering sober homes to provide greater capacity for Power Forward's clients.

Power Forward's primary organizational goals and objectives for the next three years include:

- Increase support for the Sober Living Program by increasing the number of partnering MASH-approved sober homes and increasing geographic diversity of partners across Massachusetts by continuously seeking and visiting potential new partners throughout the year.
- Serve an increased number of clients with sober living supports annually through fundraising, grantmaking, and other support.
- Expand the DOER Program by providing 10 service dogs in partnering sober homes by the end of 2024.

Within three to five years, Power Forward will have the capacity to support 25 DOER Program service dogs.

- Create a more diverse Board of Directors by seeking out members who are people of color, those who identify with LGBTQ+ populations, those with lived experience with substance abuse and recovery, and other unique voices that can better reflect those served.

- Increase staff salaries by increasing support for [REDACTED] and [REDACTED] to better reflect the work put into these positions. Within the next three to five years, Power Forward will have the capacity to hire, support, and sustain an Executive Director position to provide organizational guidance and strategic direction through Power Forward's next stage of growth.

Power Forward is already implementing plans and efforts to pursue the aforementioned goals. At the beginning of 2024, Power Forward worked with nine sober living partners—that number has since increased to 13 with several more in the cultivation stage. Power Forward also received a \$40,000 grant from Massachusetts Housing in early 2024 that has been instrumental in beginning the next phase of DOER implementation. However, the need for support is increasing as more individuals become aware of and seek out Power Forward's support.

Several partnering sober homes have expressed interest and eagerness in accepting a dog at their location and fully implementing DOER. Power Forward contains all the infrastructure needed to begin this process as funding becomes available. Power Forward is seeking funds from several foundations and corporations to support the DOER Program, one of which will potentially be supporting several new partners in the Allston-Brighton area of Massachusetts with DOER dogs and training.

Power Forward is creating a database to automate the process of accepting and working with clients, which will allow clients to easily fill out weekly updates, check up on goals, and input demographic information for tracking and reporting purposes. Additionally, Power Forward will be able to scale and share this tool with other nonprofits to ensure all sober living supports are able to function with the highest level of efficiency and care.

8. How will the funds help you achieve your goals?

In recent years, Power Forward's impact has grown, supporting over 200 unique individuals annually to maintain their initial weeks of recovery while seeking employment to maintain that recovery and path forward. Funding from the Mosaic Opioid Recovery Partnership would allow Power Forward to scale with the increased need in the community. This impact would be implemented through:

- Financial support for the Sober Living Program that covers the cost of up to six weeks of support.

Funding for this capacity could fully support up to 100 individuals annually.

- Support for implementing and growing the DOER Program. Covered costs include service dog training, veterinary care, food, supplies, insurance, administrative support, and hourly pay for those in the Retrieving a New Start Program that allows participants to train as dog trainers.

- Operating support for increased staff and salaries. Program Director Dana Lindsey currently works part-time, and by increasing hours and pay, Dana would have capacity to finish the in-progress database and data collection systems that would allow Power Forward to automate processes and receive more participants. Support may be utilized, in part, to hire an Executive Director and alleviate the workload Kelli Wilson takes on voluntarily, allowing her to focus on expansion of programs, partnerships, data collection, and organization capacity.

With the flexibility to delegate funds as needed, Power Forward can take great strides in meeting its goals for growth in the next three to five years. The partnerships and infrastructure needed to maintain and expand programs are in place and ready as funding permits to assist more individuals and ensure that those in the opioid crisis have chances to recover and avoid the grave pitfalls associated with substance abuse. A \$300,000 grant over three years will make a great impact on those struggling with addiction in Massachusetts, saving lives and futures.

Document Uploads

Please note that only one document is allowed per application question [REDACTED]/upload.

Financial Statements



Power Forward Profit and Loss State... .pdf

Organization's Operating Budget



Power Forward Annual Operating Bud... .pdf



Wednesday, June 12, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Recovery Without Walls

Organization EIN

20-4885236

Year Incorporated

2006

Organization Address

PO BOX 591
West Falmouth, Massachusetts, 02574

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@recoverywithoutwalls.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 90000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 5: Southeast

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

Families Older adults

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Recovery Without Walls is a nonprofit organization dedicated to providing safety, structure and support to women on Cape Cod whose lives have been interrupted by the trauma of substance abuse. Our holistic approach to sustain long term recovery is a prevention model. The resources & services given are free of cost

2. Describe the services your organization provides or the activities it engages in?

Since 2016 RWW has been offering acupuncture services to its clients which has shown to significantly reduce precursors for relapse (anxiety, cravings, irritability, restlessness and racing thoughts) and ultimately, prevent the misuse of substances. Recovery Without Walls (RWW) has become a model for community-based recovery support services and at present and is the only all women’s treatment resource and recovery program on Cape Cod.

RWW is staffed with a wellness director & volunteers who are committed to the organization's mission. We have outsourced our prevention of relapse treatment of acupuncture and meditation for relapse in 3 towns on Cape Cod, including Falmouth, Sandwich and Brewster. The resources and services provided by RWW are free of cost to clients and are offered in an effort to assist women in making the pivotal transition from substance abuse treatment to a life of recovery. More Provided resources and services include:

- Mentoring/coaching
- Acupuncture and meditation
- Wellness classes (yoga, spin)

- Educational opportunities and tuition assistance
- Housing placement and rental assistance

At present, RWW is the only long term treatment resource for women on Cape Cod and continues to remain as an information resource about substance abuse recovery for clients, their families and the broader community. In-house website analytics continues to show approximately 6,000 searches or requests for information per year with "women's treatment" being one of the most requested search terms. This fact – in and of itself – highlights the significance that RWW expand its scope of integrated long term treatment offerings to clients seeking the value of an all-women's recovery network by increasing access to free of charge services, education, support and holistic treatment programs (acupuncture, meditation, yoga and breath work) within the community. Since 2014, RWW has provided over 4,500 acupuncture treatments to approximately 1,000 individual women as a primary treatment for substance use disorder and have found that it significantly reduces known triggers for relapse, including anxiety, cravings and irritability

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Currently we serve a wide range of women ages 25-80 . We have also been offering our acupuncture and meditation service to grieving parents who have lost children to addiction, and members of AL- ANON. Our population of women has grown over 40 percent in the last year due to our outreach and expansion into other towns outside of Falmouth.

Our next move has an organization is expanding our programs further down came to, Provincetown, and the women of the LGBTQ community. We want to coordinate with "Helping our Women: a long-time established organization there to offer our services to their unreached community. While they do a great job of providing assistance, we can help the recovering community with relapse prevention and educational funding/ mentoring.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

The creation of the Women's Recovery Network program is to extend a bridge to women who are continuing their journey in recovery by building a healthy and emotionally safe relationship with Recovery Without Walls, now the only all-women's long term recovery program on Cape Cod. The project is based directly on fulfilling the unmet care and needs of women in the community who are beginning, maintaining and/or enhancing a successful life in recovery. The project will provide increased access to free of charge resources for care (healthcare, therapy), education, support and holistic treatment services (acupuncture, meditation, yoga and breath work).

Through its holistic based healing program, Recovery Without Walls (RWW) has developed a data driven and evidence informed program model that uses both quantitative and qualitative information provided by clients using acupuncture as a tool for treating individuals suffering from substance abuse. The program model uses data collected from over 2,000 client interviews, measuring five precursors (anxiety, cravings, irritability, restlessness and racing thoughts) to substance abuse relapse before and after acupuncture treatments.

Over its 18-year history, RWW has never turned down a in need client in need of services. By outsourcing our treatment, we have been able to access more women, of all different ages, ethnicities and backgrounds. We have been working to break the stigma of recovery by creating "The Womens Recovery Network" that invites all persons struggling with their version of recovery whether that be with substances or relational. Access to Women's Recovery Network and the free of charge educational, instructional and wellness

services offered will be available to all women on Cape Cod from Falmouth- Provincetown who are seeking long term support. The program Wellness Coordinator and volunteer staff will continue outreach efforts to foster relationships with existing treatment facilities and transitional sober housing establishments in the community. Informational visits will continue to promote access to the services

currently offered through the program. In addition, relationships and future collaborative efforts have been established with Pier Recovery, Haven treatment center, Recovering Champions, Foundations, The Pause, The Falmouth Recovery Center, Parents supporting Parents, Learning to Cope, Group Recovery Centers, Gosnold Inc. and multiple individually managed sober homes in the community.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Board Meetings, Volunteer meetings, Social Media, Website Data analysis, and our biggest way of connecting with our client population is through surveying. Our most recent one showed a need for access to affordable therapy, and so we took on the role last year of creating a new holistic model that had both our acupuncture and trauma informed educational program. We are open to collaborating and taking directive advice from the towns we serve. We make sure to attend town meetings to promote awareness and stay informed

6. What steps has your organization taken to create a more inclusive work environment?

All board members, volunteers, and employees are welcome to voice their ideas, visions, concerns, talents into helping RWW serve and empower its female clientele. Our offices have an open-door policy, and we do not turn people away from receiving needed resources.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our three goals are

- 1. Expanding our acupuncture treatment model to include all of barnstable county with an emphasis on lower cape- Ptown, Welfleet, Truro which are currently underserved with recovery treatment and resources.
- 2. Expanding client service hours from 2400 a year to 2900
- 3. Opening an office in Ptown to supervise treatments & client services/resources.

8. How will the funds help you achieve your goals?

The funds will help assist in hiring wellness coordinator to oversee mentorship in the lower cape, help us achieve office space, and provide the actual acupuncture treatment expansion with a Licensed NADA Acupuncturist, and help us buy treatment supplies for 3 years

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 2023 Profit & Loss (1).pdf

Organization's Operating Budget

 RWW 2022_2023 General Expense Re... .pdf



Wednesday, June 12, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Resources for Recovery

Organization EIN

81-1642540

Year Incorporated

2023

Organization Address

23 Neponset Ave
Hyde park, Massachusetts, 02136

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@resources4recovery.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 6: Boston area

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply). People experiencing homelessness or housing insecurity Black, Indigenous, and other People of Color (BIPOC) Youth Families Children affected by addiction

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

To provide a place dedicated to working and engaging with families to provide the tools they may need to navigate and find themselves or their loved ones the most effective treatment possible. We hope to service our community and provide support to anyone affected by substance use disorder.

2. Describe the services your organization provides or the activities it engages in?

Resources for Recovery was founded on pure intentions to identify the immediate attention the State of Massachusetts needs to shift a major focus on. The opioid epidemic is real and it's here. Our organization has been networking in the Recovery world for many years and has established strong bridges with like minded non profits and people who are vested within to navigate and assess applicants, be it adults or children who truly need some financial support to help them get through their journeys that they are presented with. Our organization provides resouces and case management by helping individuals get into an appropriate level of care, as an LADC 1 I am able to help evaluate and facilitate treatment and aftercare for individuals. We also provide scholarships for one month of sober living to help individuals in early recovery. Our Kids branch is Dedicated to serving children of addicted parents. If a child has lost a parents to overdose or has a parent in active addiction, the guardian can apply here for help. We help kids be kids regardless of their circumstance. We have helped several children in the New England area by helping with dance lessons, hockey equipment, Gymnastics, school supplies and Christmas. We have recently partneterd Resources for Recovery partnered with ACES, Addiction consulting Education Services and have been working with Boston Public Schools. The true nature of funding any organization lies with the structure of the institution, but also lies with the founders who truly are vested in their means of wanting to give back.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Resources for Recovery works with the youth in Boston by providing Prevention Education in the Boston Public Schools. Our partnership with ACES has helped us to present education as well as resources to Orchard Gardens k-8 school as well as Ostiguy High School which is the recovery high school. Orchard Gardens is located in Roxbury and serves the BIPOC community. This work is so important and we would love to continue by creating a curriculum that can be used throughout the city. We also provide scholarships for sober living to people in need that are experiencing homelessness. Lastly, we provide scholarships to children affected by addiction for extra curricular activities that they would otherwise not be able to participate in. This enables the children an outlet as well as gives the caretaker a break. We also have a successful Christmas Program that provides presents for children throughout Massachusetts.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Resources for Recovery markets through word of mouth as well as social media. We hold free events for the community and make the resources available to anyone in need. We also reach out to other local organizations as well as work with local state representatives to get the information to people. I, Amy Busch have been interviewed on the local news in order to help reach as many people as possible.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Through our strict vetting process and working with so many case managers, we are truly able to connect to the applicant and add an extra step of follow up to find out how the funding sources will be used and implemented to better that individual's life. We have a lot of volunteers that have been helped by RFR and come back to serve at events in the community. Social media engagement as well as testimonials feedback help us to ensure we are serving the community the best we can.

6. What steps has your organization taken to create a more inclusive work environment?

As of now we have one paid employee and a lot of amazing volunteers and board members.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

The first goal would be to continue the prevention education and develop curriculum that can be used in schools to continue the conversation throughout the school year. I have a Masters in Education as well as a LADC 1 and partnered with Kevin Rosario from ACES - Addiction Consulting Education Services we have the experience and education to create something unique. We both have lived experience, being in long term recovery and have been in the field many years.

The second goal is to continue to provide scholarships to sober living and programs where individuals can focus on recovery and not stress over finances in early sobriety. We have seen a high need for people attending PHP, IOP programs that need housing while they work on recovery and mental health. Taking the burden off for the initial month rent in sober living can make the difference of someone entering a sober house or staying on the street and ultimately relapsing.

Lastly, working with caregivers of children affected by addiction as well as programs that provide support for families while in early recovery. These children benefit from community engagement, sports and afterschool activities. We see a high need for camps during the summer months because caregivers or parents in early sobriety need somewhere for them to go while they work. Camp also provides a safe structured place where they can enjoy summer and develop relationships.

8. How will the funds help you achieve your goals?

We consider our funding to be a necessity for our push forward to help the cause to erase this terrible

epidemic. We want to help that individual find a safe space to rest for their recovery time, or we may help a child who may have lost their guardian to the epidemic who may just need to be supported in playing a sport.

Our cause is to not only assist, but to invest in the person who needs guidance to find the necessary resources available and be shown how to use them for their own self benefit. Slowly getting themselves back on their feet.

Our success lies with our boots on the ground, with the directors, operators and case workers that we speak to constantly, and have open communication about the progress of those we help fund.

Through your help, we can continue to build our pipeline and assure you, through our many success stories, that we will certainly make sure that your grant will continue to build the legacy for those who truly just need the right tools including the finances we provide to secure them into a more healthier life moving forward.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Account History - RFR.pdf

Organization's Operating Budget



INTF2340PP1W24099538 RESOURC... .xlsx



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Revive of the USA, Inc.

Organization EIN

84-2608162

Year Incorporated

2019

Organization Address

44 Ledge Road
N Chelmsford, Massachusetts, 01863

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@gmail.com

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 300000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Revive of the USA is a nonprofit 501(c)3 community outreach program that collaborates with substance-abuse recovery and mental health facilities, seamlessly integrating movement and nutrition as potent therapies. We transcend the conventional focus and provide a holistic approach, unleashing the transformative power of physical empowerment for mental and emotional health.

2. Describe the services your organization provides or the activities it engages in?

Revive is dedicated to supporting individuals in addiction recovery through a comprehensive suite of services and programs that address physical, mental, and emotional well-being. Our primary activities include:

****Movement Therapy:** ** We offer structured fitness training tailored to the needs of individuals in recovery. These programs are designed to improve physical & mental health, build discipline, and provide a healthy outlet for stress. We conduct regular fitness classes, including strength training, yoga, punching mitts, circuit training, and cardio sessions, all led by certified trainers who understand the unique challenges faced by our participants.

****Educational Workshops:** ** Education is a cornerstone of our approach. We provide workshops on various topics such as nutrition, mental health, and SUD prevention. These sessions are aimed at equipping our participants with the knowledge and skills needed to maintain sobriety and lead healthier lives.

****Alumni & Aftercare Support Groups:** ** Our organization facilitates peer support groups for the public. These groups provide a safe space for participants to share their experiences, gain insights from others, and build a supportive community through movement & connection. Our coaches are trained professionals with a deep understanding of addiction and recovery.

****Community Outreach and Advocacy:** ** We actively engage with the broader community to raise awareness about addiction and recovery. This includes organizing public events, participating in community health fairs, and collaborating with local organizations to advocate for policies that support addiction recovery and mental health services.

****Partnerships with Treatment Providers:** ** We collaborate with addiction treatment providers to ensure our participants have access to necessary medical care. This includes facilitating connections to fitness trainers in recovery, physical therapists, and other healthcare professionals who specialize in addiction recovery and/or mental & physical rehabilitation.

****Holistic Wellness Programs:** ** Recognizing that recovery involves more than just physical health, we provide programs that promote overall well-being. This includes physical therapy, mindfulness meditation, and nutritional counseling. These activities help individuals develop healthy habits and coping mechanisms that support their recovery.

****Training and Volunteer Opportunities:** ** We offer training for volunteers and community members who want to support our mission. This includes education on addiction and recovery, as well as opportunities to get involved in our programs and events.

Through these services, Revive aims to create a supportive and empowering environment where individuals in recovery can thrive. We believe that by addressing the physical, mental, and emotional aspects of recovery, we can help our participants achieve long-term sobriety and lead fulfilling lives.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Revive serves individuals who are in various stages of addiction recovery. Our priority population includes:

****Individuals Recovering from Substance Use Disorders:** ** Our primary focus is on individuals who have struggled with substance use disorders. We work with people who are newly sober, those in long-term recovery, and everyone in between. Currently, we serve approximately 5,000 individuals per year, with our programs designed to cater to their specific recovery needs.

****Low-Income Individuals:** ** Many of our participants come from low-income backgrounds and lack access to traditional fitness and wellness resources. By providing free or low-cost services, we ensure that financial barriers do not impede their recovery journey. Over 70% of our participants fall into this category.

****Families Affected by Addiction:** ** We recognize that addiction impacts entire families, not just the individual in recovery. Our programs also support family members, offering further educational resources to help them understand and navigate the recovery process. We engage with around 50 families annually.

****Veterans:** ** We have a dedicated program for veterans, acknowledging the unique challenges they face, including PTSD and other mental health issues. Approximately 15% of our participants are veterans.

****Youth and Young Adults:**** We provide specialized programs for young people aged 14-25, who are at a critical stage in their development and recovery. These programs focus on building resilience and healthy habits. About 25% of our participants are in this age group. By targeting these priority populations, Revive aims to address the diverse needs of those affected by addiction, fostering a supportive community that promotes healing and growth

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

At Revive, we are committed to making our programs and services accessible and equitable for all community members. Our approach includes the following strategies:

****Developing Language Capacity:**** We recognize the importance of language accessibility in providing effective support. We offer materials and conduct sessions in multiple languages, including Spanish, to cater to our diverse community. We also work with interpreters and bilingual staff to ensure clear communication with non-English speaking participants.

****Hiring Diverse Staff:**** Our team reflects the diversity of the community we serve. We prioritize hiring staff from various backgrounds, including those with lived experiences of addiction and recovery. This not only provides relatable role models for our participants but also enriches our understanding of different cultural perspectives and needs.

****Cultural Competency Training:**** All staff members undergo regular cultural competency training. This training helps our team understand and respect the diverse backgrounds of our participants, ensuring that our services are delivered in a culturally sensitive manner. We cover topics such as implicit bias, cultural awareness, and inclusive practices.

****Accessible Locations:**** Our facilities are in areas that are easily accessible by public transportation, ensuring that participants from all parts of the community can attend our programs. We also offer virtual sessions to accommodate those who may have mobility issues or other barriers to attending in person.

****Financial Assistance and Sliding Scale Fees:**** We provide financial assistance and operate on a sliding scale fee structure to ensure that our services are affordable for everyone, regardless of their financial situation. This helps eliminate economic barriers to accessing our programs.

****Community Outreach:**** We actively engage with the community through outreach initiatives to raise awareness about our services. This includes partnerships with local organizations, participation in community events, and targeted outreach to underserved populations. Our goal is to ensure that everyone who needs our support is aware of the resources available to them.

****Feedback Mechanisms:**** We continuously seek feedback from our partners & participants to improve our services and ensure they meet the community's needs. We use surveys, suggestion boxes, and focus groups to gather input and make necessary adjustments. This feedback loop ensures that our programs remain relevant and responsive to the evolving needs of our participants.

****Inclusive Programming:**** We design our programs to be inclusive and adaptable to various needs. For example, our fitness classes offer modifications for individuals with different physical abilities, ensuring that everyone can participate at their own pace. We also allow new born and/or toddlers to stay with the mothers during sessions to accommodate parents whose family is staying with them while completing their residential program.

****Partnerships and Collaborations:**** We collaborate with other local organizations that serve diverse populations to extend our reach and enhance our services. These partnerships allow us to share resources, expertise, and best practices, ultimately benefiting the community we serve. Through these strategies, Revive ensures that our programs and services are accessible and equitable for all community members. We are committed to fostering an inclusive environment where everyone feels welcome and

supported in their recovery.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Revive prioritizes incorporating the voices of the people we serve into the design and implementation of our programs and services. We employ several methods to achieve this:

****Advisory Committees:**** We have established advisory committees composed of current and former participants. These committees meet regularly to provide feedback on our programs and suggest improvements. Their insights help shape our services to better meet the needs of our community.

****Consumer Representation on Board and Staff:**** We ensure that our board of directors and staff include individuals who have experienced addiction and recovery. This representation ensures that the perspectives of those we serve are considered in our decision-making processes at all levels.

****Surveys and Feedback Forms:**** We regularly distribute surveys and feedback forms to our participants to gather their opinions on our services. This feedback is reviewed and used to make data-driven decisions about program adjustments and new initiatives.

****Focus Groups:**** We conduct focus groups with participants to discuss specific aspects of our programs and gather in-depth feedback. These sessions provide a platform for open dialogue and allow us to explore ideas and concerns in greater detail.

****Suggestion Boxes:**** We have suggestion boxes that travel with our coaches, allowing participants to anonymously share their thoughts and ideas. This ensures that everyone has the opportunity to contribute, even if they are not comfortable speaking up in other forums.

****Social Media Engagement:**** We actively engage with our community through social media platforms, encouraging participants to share their experiences and suggestions. This ongoing interaction helps us stay in touch and respond to their needs.

By incorporating these methods, we ensure that the voices of the people we serve are central to our program development and service delivery. This collaborative approach helps us create more effective and responsive programs that truly address the needs of our participants.

6. What steps has your organization taken to create a more inclusive work environment?

Revive prioritizes incorporating the voices of the people we serve into the design and implementation of our programs and services. We employ several methods to achieve this:

****Advisory Committees:**** We have established advisory committees composed of current and former participants. These committees meet regularly to provide feedback on our programs and suggest improvements. Their insights help shape our services to better meet the needs of our community.

****Consumer Representation on Board and Staff:**** We ensure that our board of directors and staff include individuals who have experienced addiction and recovery. This representation ensures that the perspectives of those we serve are considered in our decision-making processes at all levels.

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****Social Media Engagement:**** We actively engage with our community through social media platforms, encouraging participants to share their experiences, suggestions and for us stay connected with our community in real time.

By incorporating these methods, we ensure that the voices of the people we serve are central to our program development and service delivery. This collaborative approach helps us create more effective and responsive programs that truly address the needs of our participants.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Over the next three years, Revive is committed to expanding our services and impact through the following key goals:

1. ****Expand Fitness and Wellness Programs:**** - ****Objective:**** Increase the number and variety of fitness and wellness programs to better serve our participants. - ****Details:**** We will introduce new classes such as group fitness sessions, specialized yoga for recovery, mindfulness meditation, and nutrition counseling. By expanding our program offerings, we aim to cater to a broader range of interests and needs, ensuring that every participant can find activities that support their recovery journey. - ****Target:**** Double the number of fitness and wellness classes offered weekly, reaching at least 300 participants annually.

2. ****Integrate Licensed Physical Therapists into Our Team:**** - ****Objective:**** Address the comprehensive physical health needs of our participants by adding licensed physical therapists. - ****Details:**** Physical therapists will provide personalized care plans to address physical health issues related to addiction recovery, such as musculoskeletal pain and injuries. This addition will enhance the effectiveness of our fitness and wellness programs and support long-term recovery by addressing physical health as a critical component of holistic well-being. - ****Target:**** Hire two licensed physical therapists within the next year and incorporate their services into all our fitness programs.

3. ****Strengthen Collaboration with Local Academia:**** - ****Objective:**** Enhance our programs through partnerships with Anna Maria College and Assumption University. - ****Details:**** We will continue to collaborate with these institutions, particularly within their Exercise Sciences, Physical Therapy, Occupational Therapy, and Addiction Studies curriculums. Our internship program will provide practical training for students, enriching our services and offering participants access to the latest academic knowledge and innovative practices. - ****Target:**** Expand our internship program to include 10 students annually, providing them with hands-on experience and integrating their contributions into our daily operations.

4. ****Enhance Organizational Capacity:**** - ****Objective:**** Improve our infrastructure and resources to better support our programs and services. - ****Details:**** This includes investing in staff development, enhancing our data management systems, and upgrading our facilities. We will provide ongoing professional development opportunities for our team, implement standardized data collection and reporting protocols, and renovate our physical spaces to create a more welcoming and functional environment for participants. - ****Target:**** Achieve full implementation of new data management systems within two years and complete facility upgrades within three years.

8. How will the funds help you achieve your goals?

The funds requested will be instrumental in helping Revive achieve our outlined goals by providing the necessary resources to expand and enhance our programs and services. Here's how the funds will be utilized to meet our objectives:

1. ****Expand Fitness and Wellness Programs:**** - ****Allocation:**** Funds will be used to hire additional certified fitness instructors and wellness professionals. We will also invest in new equipment and materials needed for the expanded range of classes. - ****Impact:**** By increasing our staffing and resources, we can offer a more diverse array of fitness and wellness programs.

2. ****Integrate Licensed Physical Therapists into Our Team:**** - ****Allocation:**** Funds will be used to hire

three licensed physical therapists, cover their salaries, and provide necessary training and equipment. - **Impact:** Adding physical therapists will enable us to address the comprehensive physical health needs of our participants.

3. **Strengthen Collaboration with Local Academia:** - **Allocation:** The funding will support our internship program by providing stipends for interns, covering costs for training and supervision, and developing collaborative projects with Anna Maria College and Assumption University. - **Impact:** Our enhanced collaboration with local academia will ensure that our participants receive access to the latest academic knowledge and innovative practices.

4. **Enhance Organizational Capacity:** - **Allocation:** We will invest in professional development for staff, implement new data management systems, and upgrade our facilities. This includes training programs, purchasing software, and renovating physical spaces. - **Impact:** Improving our organizational infrastructure will enhance our ability to deliver high-quality programs and services.

By securing this funding, Revive will be well-equipped to achieve our goals, significantly enhancing our capacity to support individuals in recovery and their families.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



REVIVE OF THE USA_ INC_2023_990P... .pdf

Organization's Operating Budget



Revive Annual Budget Plan - 2024.pdf



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Rural Recovery Resources
Organization EIN	04-3531328
Year Incorporated	2020
Organization Address	67 State Road Great Barrington, Massachusetts, 01230-1364
Are you a fiscally-sponsored project?	☒ Yes
Name of Fiscal Agent	Railroad Street Youth Project
Fiscal Agent's EIN	04-3531328
Fiscal Agent's Organization Address	60 Bridge Street Great Barrington, Massachusetts, 01230-1364
Primary Contact Full Name	[REDACTED]
Primary Contact Email	[REDACTED]@rural-recovery.org
Primary Contact Title	[REDACTED]
Primary Contact Preferred Pronouns	☒ he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.

- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 1: Western MA

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Rural Recovery's mission is to engage, assist, refer, educate, and empower people who are affected in any way by substance use.

2. Describe the services your organization provides or the activities it engages in?

Rural Recovery is a program that leads and supports a strong recovery community in South Berkshire County. Using peer-lead, person-centered guidance, an in engaging the peer-participatory process, the program supports people affected by substance use, their families, and those in or seeking recovery or healing. Rural Recovery embraces multiple pathways to recovery, supporting people no matter which pathway they have chosen, or where they are on their journey. Rural Recovery operates the South County Recovery Center at 67 State Road in Great Barrington, MA. The Center fosters a no cost, non-judgmental atmosphere. The Center reduces harm, helps people identify goals, and connects them with resources available to aid in achieving them. Rural Recovery serves as a safety net for anyone affected by substance use. Rural Recovery also offers no-cost recovery coaching to anyone who is seeking it. Rural Recovery also operates as a referral hub and assists individuals in navigating the services, or lack thereof, in the South Berkshires and beyond.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

SCRC serves 15 towns that make up southern Berkshire County, which together have an overall population of approximately 29,000 people. Demographics from the 2021 Census reveal that 96% are white, 2.4% Black and 1.6% Asian, American Indian, or Pacific Islander. But this data, due to the rural nature of the region, has gross inaccuracies, such as the absence of residents of color from the town of Sheffield for three years – in spite of our knowledge that there is a consistent population of color in that town. Querying 1% of residents annually almost guarantees that whole population groups can be missed. It is also worth noting that there is a rapidly growing immigrant population in the region, including many immigrants from Mexico, Central and South America. By 2025, the number of people identifying as Latin/x is projected to increase by 10%. The BIPOC population, although small, face higher levels of housing insecurity due to historic inequities.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Executive Director Gary Pratt attended and completed the Institute for Nonprofit Practice's Core Certificate program and received a certificate in Social Impact Management and Leadership. This has assisted in helping to create a brave space where anyone who attends or works at Rural Recovery can feel a sense of belonging and openness. The structure built into Rural Recovery is one of cultural humility. By encouraging employees to pursue every available training opportunity we ensure that we are always working toward implementing best practices within the agency. By constantly re-evaluating our own shortcomings we are well-positioned to adapt. We are well-positioned to make sure programs are accessible and equitable, because we are still in the process of building the agency. We are not in the process of fixing an existing agency that has been stuck in old ways of thinking and years of procedure and policy.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We engage in the peer-participatory and welcome individuals from all backgrounds to work toward building an agency and programming within it that is tailored by for whichever population, by that that population. We live the slogan "nothing for us, without us." We hold community meetings every other week in which we engage with the community and help to support whatever ideas for events, activities, policy changes, and overall operations, they devise and vote on.

6. What steps has your organization taken to create a more inclusive work environment?

We hire with intent. Despite the demographics that were presented earlier we make a concerted effort to hire candidates that can raise up the voices of those who are pushed to the margins in South Berkshire County. We work closely with Multicultural Bridge and regularly attend DEIB and other cultural humility trainings. We also Diverse Hiring Practices: Actively seeking out diverse candidates and ensuring fair hiring practices to promote diversity within the organization.

Some common practices include:

Diversity Training: Providing training to employees on topics such as unconscious bias, cultural competency, and inclusive language to raise awareness and promote understanding among team members.

Inclusive Policies and Procedures: Reviewing and updating policies and procedures to ensure they are inclusive and equitable for all employees, regardless of background or identity.

Leadership Commitment: Demonstrating visible support and commitment to diversity and inclusion initiatives from top leadership, which sets the tone for the entire organization.

Regular Feedback and Assessment: Collecting feedback from employees and peers through surveys, focus groups, or other means to assess the effectiveness of diversity and inclusion efforts and identify areas for improvement.

Promotion of Inclusive Culture: Encouraging open dialogue and communication among employees, celebrating diversity, and fostering a sense of belonging for all team members.

Accessibility Accommodations: Making accommodations to ensure that the workplace is accessible to employees with disabilities, whether physical or cognitive.

Supplier Diversity: Partnering with diverse suppliers and vendors to support economic opportunities for underrepresented groups.
Community Engagement: Engaging with the broader community through partnerships, sponsorships, and volunteering initiatives to support diversity and inclusion efforts beyond the workplace.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our top goal is to become a 501 c3 nonprofit agency within the next 2 years. We are already in the process of doing so. We have formed a full board of director consisting of a wide matrix of representation, and which is required to be filled with at least 51% of all board members are people who use or who have used drugs. We are in the process of finalizing our bylaws and have been working with a lawyer who draft articles of incorporation. Our aim is to split from the Railroad Street Youth Project in FY 26.

In building and expanding Rural Recovery, we aim to create a new human service/SUD agency that is laser-focused on South Berkshire County. There is a tremendous lack of affordable SUD services in our diverse rural area. We plan to fill those gaps. We see a huge need to recovery housing and clinical supports in our area, and these will be the primary areas of focus for Rural Recovery in the near future. Having secured long-term sustainability for the South County Recovery center from BSAS we have ensured that peer support will continue in South County for at least 4-10 years. This has enabled us to being planning for an expansion to the aforementioned services.

8. How will the funds help you achieve your goals?

This funding will allow the Rural Recovery Executive Director and the Assistant Director become 100% funded by Rural Recovery to shift focus from day-to-day operations of the South County Recovery Center to the incorporation and implementation of services of Rural Recovery. In doing so, Rural Recovery could then bolster the SUD workforce by essentially creating two new jobs. The creation of a Program Director and Assistant Director for the South County Recovery Center. It will also help to establish a recovery coaching program for Rural Recovery in which we could offer longer term recovery coaching through insurance reimbursement. These funds will also help with general operating expenses.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 RSYF Financial Statements 8-31-2023.pdf

Organization's Operating Budget

 FY24 RRR Budget APPROVED BY RRRpdf



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

SAFE Coalition

Organization EIN

81-0856578

Annual Operating Budget

0

Year Incorporated

2016

Organization Address

PO Box 434
Franklin, Massachusetts, 02038

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@safecoalitionma.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]@safecoalitionma.org

Title

[REDACTED]

Preferred Pronouns

she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
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- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities.

SAFE offers substance use support across the care continuum including prevention, harm reduction, recovery supports, family supports, trauma and grief counseling.

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Youth

Families

Older adults

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

SAFE is a community nonprofit committed to educating and supporting those affected by substance use across southeastern Massachusetts. Our services offer victim-centered, stigma-free support across the care continuum, from prevention to harm reduction, treatment, recovery, and family support. Our programs respond directly to the needs of the community.

2. Describe the services your organization provides or the activities it engages in?

SAFE has had our MCSR license since 2019, fully subsidized in 2023. To date, we have provided over 3,200 Narcan doses to community members in 34 towns, conducted Narcan training for over 600 individuals, and distributed 4,500 Fentanyl test strips.

SAFE voluntarily advises opioid response boards in 7 municipalities. We also sit on 4 opioid fund boards. We have met with 40 businesses and towns to talk about the impact of opioid epidemic specifically. And we have presented or been on panels related to substance use in 26 communities, 15 of them new in 2023-4.

Our weekly Narcan training at Norfolk County Correctional Center offers small-group conversation on harm reduction, recovery options, and community impact of distribution. The program supplies naloxone and fentanyl test strips to attendees. Launched in January 2024, this is a vital intervention on a key distribution and addiction frontline.

As Section 35 liaisons in Milford, Wrentham, and Uxbridge since 2017, SAFE is called on by probation officers, public defenders, and judges to offer advice and resource awareness for individuals facing trial for drug-related charges. Roughly 50% of these cases are opioid related. We help individuals with a history of use disorders, mental health issues, and low-level, non-violent crimes refer cases to Drug Court, prepare for Section 35, or seek treatment and support services.

SAFE's Family Recovery Center recognizes OUD and SUD as family illnesses. Here, families gain peer group support, individualized care through one-on-one meetings, therapy with our LICSW, family mediation with our certified mediator, or fellowship in our weekly drop-in office hours. We have hosted over 1,200 attendees since 2019. Groups are led by trained peer leaders with lived experience.

LGBTQ+ teens have significantly higher rates of substance use and LGBTQ+ adults are twice as likely to misuse opioids compared to the overall adult population (source), but access to community supports drastically reduces risk. SAFE's "Rainbow Connection" is the only LGBTQ+-specific adolescent social program in the area. It is a direct response to a distress call we heard over and over from the teens we work with: "I feel so alone." We view this program as a key form of whole-person support toward preventative substance use intervention.

SAFE offers one-on-one mentorship to those undertaking recovery. This non-clinical support ranges from accountability check-ins, harm reduction strategizing, to support during surgeries or other pain-potential situations. One local BIPOC resident who has battled OUD for decades calls to connect about the ways poverty and race form barriers to care. He says he looks forward to his calls "because without [his SAFE mentor], I wouldn't have anyone."

We know from anecdotal evidence that adolescent opioid exposure is on the rise, in part because of lacing practices among predatory SnapChat and Telegram distributors. SAFE's "Up in Smoke" is a suspension diversion program helping teens understand decisions related to substance use. It is the only Tier II, in-person teen substance use program in Massachusetts.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

24 of our 28 service communities are in western Norfolk County and eastern Worcester County. Worcester County experienced the second-highest number of opioid deaths in the state in 2022, an increase of 18% from 2021. Norfolk County regularly ranks in the middle of opioid deaths by county.

Serving urban-designated communities including Boston, Worcester, and Attleboro, we attend to one of the highest rates of confirmed opioid-related overdose deaths by rural status, well above the state average.

We work with PWLLE in our Family Recovery Center support groups, individual accountability mentorship services, and Dedham Jail Narcan training. Our support groups are led by trained PWLLE peers.

We work with LGBTQ+-identified folks in our Rainbow Connection teen program.

We work with the incarcerated in our Dedham Jail Narcan training, having trained 100 individuals since January 2024. We serve people within the juridical system—Section 35 process, Drug Court—as courthouse community liaisons in Milford, Wrentham, and Uxbridge since 2017.

We help the unhoused access medical, harm reduction, and recovery services, meeting folks where they need us—libraries, coffee shops, tents. We offer use of our mailing address for unhoused locals to access resources and provide transportation costs to help seek care.

We work with youth in our substance use diversion program, serving 18 districts and helping 150 teens create recovery plans. We offer preventative intervention channels for youth like summer WRAP mentorship groups and Rainbow Connection for LGBTQ+ teens.

SAFE's Family Recovery Center offers support groups (siblings, peer-to-peer, grandparents, Family Anon, etc.) for families impacted by substance use. We have hosted over 1,200 attendees since 2019.

We serve retirees in our Grandparents Raising Grandchildren support group for families impacted by substance use. And our mentorship program serves retirees in recovery seeking resources, companionship, and accountability.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

SAFE is committed to being thoughtful and proactive in our ability to render our programs and services as widely accessible as possible. We conduct regular DEI reviews of our full suite of programs and services to ensure equitable access and belonging for all.

One of the biggest barriers to support in suburban spaces is transportation. This could be due to age, expense, license suspension, or substance use recovery symptoms like night-blindness and driving anxiety. We understand that our ability to coordinate and subsidize transportation for our group, program, and event attendees is a first-line service offering. Simply put, if you cannot physically access the care, or if figuring out how to access the care is prohibitively overwhelming, then the care is not actually available to you.

SAFE is dedicated to organizing rideshare like Gatra busses and carpools, subsidizing transportation in the form of paid Ubers for our high school substance use diversion program attendees, and offering Uber gift cards when we can to those in need like our unhoused and senior populations.

We also strive to add straightforward virtual accessibility to as many programs as possible. Currently, we offer online attendance at all of our peer-led support groups and are in the process of adding virtual accessibility for our Up in Smoke substance use suspension diversion program.

Additionally, our soon-to-launch mobile outreach van (MOV) will offer us the ability to bring more care and support directly to the populations who need it most. From Narcan trainings to medication-take backs, harm-reduction kit giveaways, booths at local wellness events, and substance use prevention training at local schools, the MOV is a direct response to our desire to increase accessibility, not only by widening our service radius but easing the burden of access to non-driving community members.

SAFE strives to be both exemplars and leaders in equity and accessibility in our community. Our Trickle Up Effect program is a conversational training for groups and organizations on accessibility and equity, especially along the identity vectors of gender and sexual orientation. Course designer and instructor Oomiya Kawas supports vulnerability through conversation and questions, gently guiding participants to realize the value of addressing blind spots in accessibility and equity in clinics, offices, workplaces, and organizations. The program encourages new ways of identifying accessibility needs, helping organizations meet the goal of ensuring anyone—not just a few people—can say, 'This place is built with me in mind.'

5. How does your organization ensure that the voices of the people you serve inform programs and services?

SAFE was founded in 2015 as a response to the growing opioid crisis. With the overwhelming support of police, fire, medical professionals, spiritual community, local politicians and folks with lived experience, a community coalition formed and created our community-centered approach to understanding substance use disorder. Listening to community input and attending to the needs of the community in real time are practices we engage with constancy and commitment.

Community-partnered engagement is central to SAFE's vision and mission. We work with neighbors, businesses and schools to develop our services and programming. And our organization is led by those with lived experience of substance use, overdose, and recovery.

Serving in an advisory capacity on opioid responses in 7 area municipalities and sitting on 4 opioid fund boards afford us a broader perspective on the current state of the opioid crisis and response across the region. And working directly with impacted populations—the incarcerated, teens, families, the unhoused, those in drug court or under Section 35—helps shape our response strategy.

For example, conducting Narcan training in Norfolk County Correctional Center, we learned that constant fear of fentanyl lacing is causing increased rates of anxiety and despair among incarcerated individuals. We used this information to integrate a trauma-informed care conversation into the training and increase education on fentanyl lacing in our preventative programs like our teen substance diversion course.

And our Family Recovery Center came to life in the wake of discussions with local police, who lacked referral resources for family members seeking support through a loved one's substance use. With input from local PD's and families in recovery, SAFE designed several peer-led support programs and established Children Impacted by Substances, offering free counseling to any child ages 5-18 impacted by a loved one's substance misuse.

6. What steps has your organization taken to create a more inclusive work environment?

Diversity, equity, and inclusion are at work throughout SAFE's operations, and we model those values to advance our mission. In addition to a formalized, organization-wide DEI policy and statement, we have a Board-level DEI accountability oversight committee and regular comprehensive DEI reviews of our services and practices.

SAFE has also implemented training for our Board of Directors and employees regarding best practices for optimizing the culture of our organization, fostering understanding of barriers faced by underrepresented groups, and how we can minimize these barriers in our organizational functioning and community programming. And we are building a process for gathering and recording voluntary demographic data from the clients we work with including age, race, ethnicity, first language, gender, sexual orientation and disabilities in order to aggregate data and proactively problem solve engagement with any groups that we are not reaching.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

SAFE has increased community connectedness 300% in the last year. Our goal over the next three years is reach expansion, bringing more prevention, awareness, and recovery programming into the communities we serve. Going forward, we have targeted two programs and one infrastructural change to further this goal.

Children Impacted by Substances (CIS) offered free and confidential counseling for any child ages 5-18 impacted by a loved one's substance use. Funded by a nonrenewable, federal grant from the Office of Victims of Crime, the program was shuttered in 2019.

Restoring CIS would address an urgent gap in crime survivor services related to the opioid epidemic. CIS will be run by a behavioral clinician with a background in substance use and LGBTQ+ youth, enhancing our capacity to reach children impacted by substances and serve our community's youngest and crime victims.

Today, 71% of our youth have an immediate family member impacted by substance use and 60% say they are struggling with anxiety and depression. We understand the link between adolescent wellness and the need for counseling support to decrease future substance use. 88% of youth in SAFE's programming have attempted to decrease their use. Relaunching CIS would also allow more access to counseling care and support kids' motivation to decrease substance use.

Second, we plan to staff our Mobile Outreach Van (MOV) to offer more care and support across Massachusetts. SAFE has received funding for a panel van to house supplies for CPR and Narcan training, medication take backs, health fairs, recovery-oriented programming, community outreach, prevention

training and more. Now, we will need to hire a part-time outreach specialist to present at events and trainings, freeing up valuable time for our leadership team who currently run most events.

By permanently moving SAFE’s mobile service offerings to a dedicated vehicle, we not only increase our service radius but ease the burden of access to non-driving community members. And by hiring dedicated outreach staff, we also increase SAFE’s ability to sustain outreach in the communities where we are already present. As a lean and very busy team, working out of our own cars, this is a crucial site of greater operational support.

Where will MOV go? We will increase Narcan training and distribution—along with test strips for Fentanyl, Xylazine, and Nitazine—at local health fairs and public trainings, increasing our impact on harm reduction. We will offer more medication take-backs, removing potentially dangerous pharmaceuticals from the community. MOV will also attend school health fairs, school substance use training, MADD-sponsored events and other events geared towards educating kids and caregivers.

Finally, we hope to bring straightforward virtual accessibility to SAFE’s courses and support groups. Hybrid conferencing aids accessibility—for parents without childcare, teens without licenses, those in recovery without vehicles or active licenses, people who cannot afford transportation—and allows so many to remain part of our networks of care. This plan is a direct response to feedback from SAFE community members, meeting and course attendees.

8. How will the funds help you achieve your goals?

A focus on capacity building will help level up our organization in a few essential ways. Because of the ways SAFE has grown its service offerings and service area, our current work exceeds our initial staffing needs. We are ready to add functional roles to support the efforts of our leadership and outreach teams.

This includes a part-time, trained counselor to run our Children Impacted by Substance Use program and an additional part-time role to teach our Up in Smoke high school substance use diversion program course.

We also plan to create a part-time events outreach position. We currently rely on volunteers and interns to supply the labor force for many of the public events we attend. And while appreciated, this type of coverage can be inconsistent. An events outreach specialist would grow our ability to connect with even more people and communities across Massachusetts.

We also require external funding to prioritize the build-out of safe, secure, straightforward virtual accessibility for all our in-person support group and training. Often in hybrid meetings, online attendees feel less included than in-person attendees. To ensure everyone is heard and seen, we will install technology in our conference and meeting rooms at the SAFE office. This plan is a direct response to feedback from SAFE community members, support group and course attendees, and it is one of our top priorities in the coming year.

And finally, we hope to increase our web developer’s hours from 1 hour/week to 5/week, ensuring our programs, mission and message are receiving the fullest reach possible and that access to our program sign-ups is consistent and reliable.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Safe Coalition, Inc Final 6.30.2023 Fin... .pdf

Organization's Operating Budget

 SAFE 2023 Operating Budget.xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Safe Exit Initiative (formerly Living In Freedom Together, Inc)
Organization EIN	81-3646918
Annual Operating Budget	\$3,228,227
Year Incorporated	2017
Organization Address	534 Cambridge Street Worcester, MA, Massachusetts, 01610
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	REDACTED
Primary Contact Email	REDACTED@safeexits.org
Primary Contact Title	REDACTED
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name	REDACTED
Email	grants@safeexits.org
Title	REDACTED
Preferred Pronouns	she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years450000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities.Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).People With Lived or Living Experience (PWLLE) with substance misuse and/or recoveryLGBTQ+ identifiedPeople who are currently or formerly incarceratedPeople experiencing homelessness or housing insecurityPeople with disabilities (learning, physical, developmental, or other disabilities)Black, Indigenous, and other People of Color (BIPOC)People with limited English proficiencyYouthIndividuals with lived or living experience in the sex trade

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Safe Exit Initiative’s (SEI’s) mission is to create safe and sustainable exits from exploitation and the sex trade through quality programming, strategic partnerships, and comprehensive legislative initiatives.

2. Describe the services your organization provides or the activities it engages in?

SEI, formerly Living In Freedom Together (LIFT), started as a survivor-founded and led support group for prostituted women in Worcester, MA. For nearly a decade, SEI has developed low-barrier programs that specialize in providing harm reduction, crisis intervention, treatment and recovery services informed by, and responsive to, women, youth, and individuals with lived or living experience in the sex trade and sex

trafficking. SEI programs address social drivers correlated to the sex trade and substance use disorder (poverty, housing instability, homelessness, arrests, incarcerations, stigma, and discrimination) and medical drivers (undiagnosed and/or untreated mental health disorders and complex trauma), by providing advocacy, case management, and referrals in areas including harm reduction, substance use disorder treatment and recovery, physical and mental health, housing, identification, insurance, transportation, food security, financial literacy, government programs, education, employment, and legal assistance. For individuals working to exit the sex trade, SEI provides peer-guided exit services.

SEI has partnered with Western MA Regional Women's Correctional Center in Hampden County since 2017 to facilitate a weekly exiting curriculum for incarcerated women with lived experience in the sex trade. SEI then serves as a reentry resource upon release. Since 2019, SEI has worked with Worcester PD and the Worcester DA's Office, providing pathways to services instead of incarceration. SEI's Drop-In Center provides low-barrier access to basic needs (showers, laundry, safe space to rest/sleep, and meals), peer support, and optional case management 12 hours daily, 365 days annually. SEI's Drop-In Center and Street Outreach Programs (operating 3 days minimum weekly, 52 weeks annually), distribute nasal naloxone, harm reduction resources, bleach kits, fentanyl and xylazine test strips, pregnancy tests, condoms, wound care supplies, clothes, hygiene kits and meals. SEI staff are trained in first aid, CPR and overdose prevention, recognition, and response. SEI is a Community Naloxone Program in Massachusetts, available to provide Opioid Overdose Education and Naloxone Distribution core competencies and harm reduction trainings. SEI warmly refers participants to Detox, TSS, CSS, recovery coaches, and sober house partners.

SEI opened Jana's Place in 2019, a first-in-the-nation, survivor-founded and led residential treatment program to address the intersectional, often cyclical, relationship between the sex trade and co-occurring mental health and substance use disorders, and gap in programs providing this specialized support. Participants work with a Clinical Director, Recovery Specialists, Care Coordinator, and Residential Counselors on individualized treatment plans, aftercare plans, and exit plans to support mental health and substance use disorder recovery goals. Though the program is 6-months, SEI works with participants to adjust length of care, if needed. SEI programs have fluid entry, exit and reentry points, recognizing that recovery is not linear or timebound.

SEI is working to expand drop-in, street outreach, and recovery services to Springfield, MA, to increase lived experience-informed harm reduction and crisis intervention services, exiting support, and co-occurring enhanced treatment in Western MA for female identifying individuals in Hampden County with lived or living experience in the sex trade. These programs have been requested by over 200 women who have taken SEI's exiting curriculum while incarcerated.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

SEI specializes in providing harm reduction, crisis intervention, treatment and recovery services for individuals with lived or living experiences in the sex trade and sex trafficking. The sex trade disproportionately impacts women and girls from BIPOC communities and individuals who identify as LGBTQ+, as well as individuals who are homeless or housing insecure; individuals who use substances and/or have substance use disorder; individuals with mental health disorders, individuals with histories of incarceration and/or systems involvement (such as DCF); individuals with disabilities; and individuals with adverse childhood experiences and/or complex trauma. SEI provides services in Worcester and Hampden Counties and receives referrals from across the Commonwealth.

SEI has worked with over 800 program participants across all programming since its inception. In FY2023, SEI worked with 559 unique individuals; 62% accessed programming through HARBOR's Drop In, Street Outreach and Transition Aged Youth Mentoring and Exiting programs. 10% identified as Black, 22% as Hispanic, 85% identified as female, 89% were between ages 18-64. Over 80% reported a disability (physical, mental or developmental). Nearly all program participants who accessed HARBOR reported housing insecurity or homelessness and a majority reported lived or living experience in the sex trade. 100% of women incarcerated in Western MA Regional Women's Correctional Center who participated in SEI's exiting curriculum in 2023 had lived experience in the sex trade. 100% of Jana's Place participants in 2023 had lived experience with the commercial sex trade, mental health disorders and substance use disorders. During FY2024, SEI has seen 435 unique individuals through Drop In, Street Outreach and Transition Aged Youth Mentoring and Exiting Programs. 34% are from BIPOC communities. Of the 435, 139 have disclosed substance use disorder and are in and out of treatment, and a significantly higher

number of participants use substances or have close friends or family who do.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

A core value of SEI is meeting program participants where they are. SEI 1) hires staff reflective of the program participants we serve, 2) partners with community organizations to increase access to a diverse range of resources, 3) provides community-based outreach, 4) provides programming in ADA accessible spaces for participants, and 5) develops opportunities for staff capacity building.

SEI programs and services are proposed, developed, implemented and informed by staff and individuals with lived experiences. Lived experience includes, but is not limited to, the sex trade and sex trafficking; treatment and recovery from substance use disorder and mental health disorders; homelessness or housing insecurity; food insecurity; arrests and incarcerations; gender-based violence; and complex trauma or PTSD. Staff with lived experience build rapport with participants and provide resources and recommendations from their networks and personal experiences to program participants and the organization.

SEI strives to provide person-centered programs and resources. By partnering with community organizations, SEI works to provide programs, resources and services that are relevant, culturally and linguistically inclusive, and low or zero barrier. Partnerships enable SEI to identify gaps in community services, learn from community partners, and incorporate ideas and best practices into SEI. This allows SEI to be a part of community-driven, impactful and sustainable solutions while maintaining a culture of growth and learning that better serves program participants.

SEI's community-based services and street outreach develop, increase and strengthen community partnerships and reduce barriers to brick-and-mortar services. Community partners and program participants inform outreach locations. Program participants often volunteer to assemble supplies and meals and facilitate connections between staff and community individuals, including those in encampments, overnight shelters or sleeping on the streets. Outreach is often the first introduction to SEI and its services.

For participants who access programming at our brick-and-mortar locations, SEI has been working on capital projects supporting ADA accessibility. In the coming weeks, all SEI Drop-In Center services will be provided from the ground floor of its current location and program participants will have same-floor access to sleeping space, laundry, kitchen and an ADA bathroom and shower.

To ensure staff are able to support a space that is accessible and equitable, SEI encourages staff capacity building. Capacity building includes providing opportunities for staff to not only engage in core trainings, but also to enroll in specialized trainings relevant to the populations we serve. Staff are invited to attend conferences locally and in other states, participate in continuous learning opportunities and certification programs, and to build partnerships and collaborate with other organizations. Supervisions for direct care staff are provided twice monthly through both group meetings and one-on-one supervisions. In 2024 and 2025, SEI aims to both hire additional staff to support the expansion of our low-barrier outreach, drop in and recovery programming services, and to develop and implement regular feedback mechanisms to strengthen channels for staff to provide feedback on training, support needs and program operations.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

SEI participants inform and develop all SEI programs and services through 1) participatory program design, 2) client-proposed initiatives, 3) open communication channels, 4) participant capacity building, and 5) inclusive governance.

All SEI programs are built by and for the participants we serve. Participants are invited to program-related workshops and focus groups to propose or modify services and enroll and provide feedback on pilot programs. Workshops and focus groups often lead to client led or proposed initiatives. SEI's SISTERS group, a support group for individuals with lived and living experience in the sex trade, exemplifies a lived

experience initiative developed from program feedback. SEI also provides a support group for women who have graduated from SEI's recovery program, Jana's Place. Jana's Place is asynchronous by design, but the support group provides a place for women who have graduated over the years to come together in support and solidarity. To provide additional opportunities for ideas and feedback, SEI provides open communication channels via suggestion boxes for participants to share anonymous comments and suggestions and builds rapport with participants to encourage dialogue.

SEI increases program participants' capacity to participate in programs through advocacy and logistical and financial support. SEI provides transportation assistance, stipends for participating in workshops, and operating, case management and project hours that account for various systemic challenges, such as bus schedules or overnight shelter schedules. To eliminate financial burden preventing access to services, SEI provides all our programs and services free of charge. This is made possible through inclusive governance of individuals with lived experiences at all levels of the organization including the Board of Directors, Executive Leadership, Senior Leadership and direct care staff. This is also made possible through support from coalitions of individuals with lived experiences and SEI's partners at local, state, national and international levels.

6. What steps has your organization taken to create a more inclusive work environment?

To foster an inclusive work environment, SEI utilizes inclusive hiring, staffing and collaborative practices, encourages staff to participate in developing program services, and is taking steps to increase and maintain organizational transparency in programming and encourage a culture of continuous learning.

SEI aims to hire and retain staff with diverse backgrounds and experiences. Once onboarded, staff participate in comprehensive annual diversity, equity, and inclusion training modules to understand their own culture and experiences, how their backgrounds impact their work with others, program participants' culture and experiences, and how program participant backgrounds may impact engagement and treatment preferences.

SEI encourages staff to facilitate and maintain connections with community organizations. These connections are crucial to developing a community safety net of support for participants to choose from, and they are often informed by SEI staff's lived experiences and enhanced through the SEI staff networks. These collaborative efforts further enable staff to be engaged in developing the programs and the organization.

SEI is working towards increasing organizational transparency. SEI experienced an organizational restructuring in Fall of 2023. Since then, SEI has been developing an implementation plan for biannual strengths, weaknesses, opportunities and threats (SWOT) analyses with all program staff and participants to inform current and proposed programs, program activities, and program budgets. These reviews will take place around the half year and year end marks to allow for feedback to be incorporated into the annual program and organizational plans. Additionally, SEI is working to implement annual reviews of all organizational activities, policies, and procedures to evaluate which goals were met, see where improvements can be made and incorporate edits and feedback as needed.

Progress towards these goals is, and will be, measured through facilitated feedback sessions, monitoring quantitative and qualitative data responses, and evaluating, maintaining, and diversifying community connections and opportunities.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Since 2017, SEI has built rapport with over 200 incarcerated women with lived experience in the sex trade in Hampden county. Barriers women often note are 1) not being ready for the next step in recovery 2) dearth of available services or groups informed by lived experiences in the sex trade. SEI's programs in Worcester are 50 miles away. SEI has seen women recruited back into the sex trade before they are released from WCC and women experience overdose and death from substance use upon release from incarceration or treatment. SEI seeks to change these outcomes. Both Worcester and Hampden counties have seen increases in deaths related to opioids over the past 8 years. Between 2021 and 2022, opioid

related deaths increased by 17.8% and 8% respectively in both Worcester and Hampden Counties. Both counties have known populations of individuals in the sex trade who use substances and/or have substance use disorder, and both counties have gaps in services to this population. To make this vision possible, 3 of the supporting goals are outlined below.

Goal 1: Increase SEI's capacity to expand harm reduction services to Springfield through 1) developing and maintaining relationships with Hampden County harm reduction organizations, experts, stakeholders, and communities including individuals with lived experience, Tapestry Health, New North Citizens' Council, and RFK; 2) leveraging resources and common goals; and 3) hiring at least 4 direct care staff and 1 full time nurse.

Purpose: This goal will help SEI to center lived experience voices, increase institutional knowledge, strengthen programs, provide high quality services for program participants, deepen impact, scale up, and increase SEI sustainability.

Goal 2: Enhance programs' effectiveness through 1) strategic CRM development to effectively capture data on all services provided; 2) developing and implementing organizational data collection protocols and procedures; 3) biannual continuous improvement processes involving program participants, program staff and community stakeholders.

Purpose: SEI has invested 2 years' time, funding and labor to develop a customized CRM supporting the implementation of asynchronous data collection using standardized questions across SEI's continuum of harm reduction, treatment and recovery programs. SEI needs to revise past data collection protocols and procedures and continue to strategically develop its CRM to more effectively capture the work we do and use the data to inform programs and activities. Biannual continuous improvement processes (SWOT analyses) will be implemented to determine areas of improvement and success.

Goal 3: Develop the financial stability of the organization via 1) annual strategic plans informed by program participants, program staff, and internal and external data; 2) diversifying funding sources that meet or exceed annual organizational need; and 3) strong internal and external financial oversight through hiring SEI's contracted Chief Financial Officer into an inhouse position.

Purpose: Financial stability directly impacts SEI's ability to deepen impact and strategically bring work to scale. SEI's financial stability is necessary to ensure that its lived experience-informed services are financially viable. Financial stability decreases risk of scaling back or ending services abruptly or prematurely, which would negatively impact the communities we serve.

8. How will the funds help you achieve your goals?

SEI is the organization furthest West in the Commonwealth providing lived-experience-guided exit planning for women and individuals who want to leave the sex trade and lived experience-led recovery programming specifically addressing the impact of the sex trade and its correlation to substance use disorder and mental health disorders.

Three years of general operations funding supports stable and sustainable growth of SEI's harm reduction, treatment and recovery program services. If SEI expands, we anticipate providing support to over 800 unique individuals annually, 2000 hours of Drop-In and Street Outreach support in Springfield and 6,000 hours of support between Worcester and Springfield during year 1 and up to 4000 hours by year 3, doubling the amount of harm reduction hours support SEI currently provides.

SEI's first and third goals rely on SEI's ability to hire, train and competitively pay staff. In the next three years, SEI aims to hire at least 4 full-time, direct care staff to support programs expansion, increase the RN position to full time, increasing inhouse medical capacity, and onboard our dedicated, outsourced CFO into an in-house position, reducing contracting fees and enabling her to dedicate her time to support SEI and its goals.

SEI's second goal relies on ongoing development/use of our CRM. This requires keeping our onsite administrator, licensing fees and equipment for all staff, time and funding for trainings, contracted technical assistance support, development and implementation of updated data processes, and implementation of a continuous feedback cycle. By utilizing the CRM to its full capacity, SEI will be able to

utilize a living database of information that increases the organization’s capacity to support program participants, identify gaps in services and areas of improvement, and make data driven decisions that can help to inform program and organizational plans, budgets, and sustainable expansion.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Living in Freedom Together FS - 2023pdf

Organization's Operating Budget



SEL_FY24 BUDGET.pdf



Wednesday, June 12, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Sankofa Institute for Collective Wellbeing

Organization EIN

93-3739834

Annual Operating Budget

\$389,050

Year Incorporated

2023

Organization Address

85 University Avenue, 1307
Westwood, Massachusetts, 02090

Are you a fiscally-sponsored project?

Yes

Name of Fiscal Agent

Massachusetts Association for Mental Health

Fiscal Agent's EIN

04-2104711

Fiscal Agent's Organization Address

50 Federal Street, 6th Floor
Boston, Massachusetts, 02110

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@sankofainst.org

Primary Contact Title

Executive Director

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply). People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery
LGBTQ+ identified
Black, Indigenous, and other People of Color (BIPOC)
Faith-based institutions in the BIPOC community

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

The mission of Sankofa Institute is to set the standard for providing high-quality, engaging educational experiences that are holistic and culturally responsive. Our programs are designed to uplift, inspire, and catalyze positive change in the recovery community, with a keen focus on communities of color and other marginalized populations.

2. Describe the services your organization provides or the activities it engages in?

Sankofa Institute Overview

Incorporated in 2023, Sankofa Institute is an African-American woman-led nonprofit organization, guided by someone with lived and living experience in substance use and mental health recovery. Our tax-exempt status is currently pending, and the Massachusetts Association for Mental Health (MAMH) is serving as our fiscal agent until it's finalized.

We are dedicated to delivering high-quality, innovative, and transformative learning experiences. Our primary focus is on strengthening the recovery workforce in Massachusetts, particularly within communities of color. We recognize the complexity of addressing the opiate crisis and are committed to being a vital part of this broader effort. We focus on our strengths by providing exceptional trainings and creating safe, supportive spaces for individuals in the recovery community. Through our dedicated efforts, we aim to make a meaningful impact by empowering those on the front lines while directly supporting those in need.

We offer a comprehensive range of evidence-based and community-led trainings and workshops tailored for recovery coaches, peer support workers, and leaders within recovery-based organizations. These programs equip individuals with the essential skills, knowledge, and tools to effectively support those on their recovery journey.

In addition, we are launching a series of recovery and healing circles designed for the recovery and mental wellness community. These circles provide a safe and compassionate space for individuals to share their experiences. Led by peers, our healing circles foster a sense of community and solidarity, allowing individuals to draw strength and support from one another.

Our Circles Include:

Recovery Circles

Our bi-weekly recovery circle offers a supportive and nurturing environment for individuals navigating recovery from opiate addiction and other substances. Led by experienced facilitators, this circle provides a safe space for participants to share their experiences, learn coping strategies, and build a sense of community.

Monthly Trauma Recovery Circle

Our monthly Trauma Recovery Circle provides a supportive space for individuals to explore pathways to healing from trauma. Facilitated by skilled professionals, this circle allows participants to share their experiences, receive emotional support, and learn techniques for trauma recovery. This circle emphasizes community connection and peer support, fostering a sense of solidarity and healing among participants.

Hope & Healing Circle

A supportive and compassionate space designed specifically for individuals experiencing opiate withdrawals. This healing circle aims to provide a safe environment where participants can find relief, understanding, and community. Through a combination of guided discussions, mindfulness practices, and educational segments, the circle helps individuals manage withdrawal symptoms, reduce recurrence, and support sustained recovery.

Healing Collective Trauma: A Circle for People of Color

A monthly healing circle for people of color to engage in practices that support collective healing. Recognizing the complex nature of trauma and its profound impact on communities of color, this circle acknowledges how trauma contributes to substance use, mental health challenges, and human suffering.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our primary focus encompasses BIPOC individuals, LGBTQ+ communities, those with lived experiences in recovery, the faith-based community, and allies within communities of color. This alignment with our mission is aimed at addressing systemic barriers to high quality recovery education and supports, ensuring equitable access.

In our first full year, we aim to provide training to 600 individuals, including our allies who serve these communities, and host recovery and healing circles attended by 800 participants, strategically allocating resources for maximum impact.

Prioritizing the BIPOC community enables us to develop culturally responsive programs that respect and reflect the lived experiences, values, and traditions of these communities. By focusing on the BIPOC community, we also acknowledge and honor the intersecting identities and experiences of participants who may belong to other marginalized groups, such as the LGBTQ+ community or individuals with lived or living experiences in recovery.

Additionally, we are deeply committed to strengthening our existing relationships within the faith-based community, recognizing the prevalence of stigma and shame surrounding substance use disorder. Through our collaboration with faith-based organizations, we aim to cultivate a supportive environment that encourages open discussions about addiction, fostering acceptance and understanding. These partnerships embody a shared commitment to providing safe spaces where individuals feel empowered to

seek support without fear of judgment or shame.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Ubuntu, a South African concept that emphasizes the interconnectedness of humanity, undergirds our core values and all that we do. Translated as "I am because we are," Ubuntu is a guiding ethos that deeply informs our philosophy. It teaches us that our individual identities and successes are inextricably linked to the wellbeing and progress of our community. Thus, Sankofa Institute embodies the principles of diversity, equity, inclusion, belonging, and accessibility (DEIBA) within our organizational culture and throughout our service delivery.

We recognize the importance of ensuring that our programs and services are accessible and equitable to all community members. To achieve this, we employ several strategies:

Tailoring our learning experiences and services with cultural sensitivity: We acknowledge and respect the diverse backgrounds, needs, and experiences of our community members. Our programs are designed to be inclusive and responsive to the unique cultural perspectives of our participants.

Active outreach to diverse communities: We actively engage with diverse communities and employ inclusive outreach practices to ensure that our programs are accessible to everyone. This includes reaching out to underrepresented groups and creating opportunities for their participation.

Financial assistance options: We offer scholarships, sliding-scale fees, and other financial assistance options to eliminate cost as a barrier to participation. This ensures that individuals from all socioeconomic backgrounds have equal access to our programs and services.

Accessibility options: We prioritize accessibility in our programs by offering both in-person and virtual formats to accommodate diverse needs and locations. Additionally, we provide various accessibility services, such as American Sign Language interpretation, to ensure that our programs are accessible to individuals with different abilities.

Feedback and continuous improvement: We invite feedback from participants to identify and address any barriers or challenges they may encounter in accessing our programs and services. This feedback informs our continuous improvement efforts, allowing us to make adjustments and enhancements to better meet the needs of our community.

Neurodiversity considerations: We take into account neurodiversity and the various ways that people learn in our instructional design and inclusive facilitation. This ensures that our programs cater to a wide range of learning styles and cognitive needs.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

As a recently established non-profit, community engagement is our priority, ensuring that the voices of those we serve directly shape our programs and services. We actively seek feedback from community members to refine our service delivery.

Currently, we're partnering with a community-based organization to develop a coaching program for individuals facing CORI challenges and designing a healing circle for incarcerated men transitioning back into the community. This collaborative approach ensures we are meeting the needs of those we serve.

We are committed to leveraging technology and innovation to ensure that the voices of the people we serve inform our programs and services. With funding, we will be able to utilize various digital platforms and tools, such as online surveys, forums, and feedback mechanisms, to facilitate greater communication and engagement with our community members, enabling them to share their perspectives and suggestions more easily.

Finally, as we build our organizational capacity, we plan to establish an advisory committee that will play a pivotal role in guiding and shaping the direction of Sankofa. Comprised of individuals with lived experience in recovery, the committee's purpose is to offer valuable insights, expertise, and recommendations to enhance Sankofa's initiatives and programs.

6. What steps has your organization taken to create a more inclusive work environment?

As an African American female-led organization, we are deeply committed to advancing inclusion within our work environment. We believe that beyond cultural inclusion, diverse perspectives, ideas, and ways of working significantly enhance our collaboration and creativity. We aspire to walk our talk and become a model organization that inspires transformation at the deepest level of organizational change. We are putting this commitment into action in the following ways:

Leadership Development and Accountability: Our Chief Impact Officer (CIO) is actively enrolled in a year-long leadership program called Gestalt Africa, which brings together an international group of leaders from the private, government, and non-profit sectors. This program prioritizes fostering inclusive organizational systems.

Additionally, our CIO receives professional coaching and accountability sessions twice per month, ensuring continuous feedback and personal growth. She has also completed a Diversity and Inclusion certificate program from Cornell University.

Through these efforts, she is dedicated to fostering inclusion in our organization's values.

Consultant Engagement: We work with a diverse array of consultants, which enriches our work by bringing new and different perspectives. We are dedicated to promoting the growth and development of women, BIPOC, and historically underrepresented businesses by providing consulting opportunities.

As we grow and expand our capacity, we plan to implement several strategies to ensure that our work environment is inclusive and that we are modeling inclusion, including:

Regular DEIBA Training: We will provide ongoing diversity, equity, inclusion, belonging, and accessibility (DEIBA) training for all staff to cultivate a deeper understanding and application of these principles in our daily work.

Inclusive Hiring Practices: We have adopted inclusive hiring practices to build a team that reflects the diverse communities we serve.

Mentorship and Professional Development: We will establish mentorship programs and professional development opportunities specifically aimed at supporting the growth of employees from underrepresented backgrounds.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Sankofa Institute was founded and initially funded by Thulani DeMarsay, who has committed to serving without a salary or payment. While we have received small donations from individual donors, we have prioritized building a strong infrastructure to ensure responsible financial management. This careful planning has prepared us well for seeking grant support to enhance our impact.

Our key goals for the next three to five years include:

Expanding and Strengthening Our Team

Our first priority is to build a robust organizational structure. This year, we aim to onboard three to four peer facilitators to deliver our trainings and lead the recovery circles, as well as a program manager to oversee program coordination and implementation. This expansion is crucial for increasing our capacity to deliver effective programs and support services. Additionally, we plan to stabilize our operations by securing dedicated office space, which will provide a stable and professional environment, enhancing our

ability to coordinate and deliver our programs effectively and improve our organizational efficiency.

Market Existing Trainings

A key goal is to market our existing trainings throughout Greater Boston. This involves contracting with a marketing professional who can develop and implement a comprehensive community and outreach strategy. This strategy will include feedback mechanisms such as surveys, listening sessions, and other forms of community engagement to ensure our programs and services reflect the input of the communities we serve.

Upgrading our website to streamline the registration and enrollment process for our trainings and healing circles is also essential. By creating an easy-to-navigate online platform, we reduce barriers to access and ensure that our programs are available to all who need them. This digital enhancement will support our mission to provide high-quality, accessible recovery services and training, ultimately strengthening our impact in the recovery community.

Develop Evaluation and Metrics

As peers in recovery, we will identify or develop robust evaluation metric systems to measure our impact accurately. Our approach ensures that evaluation metrics are inclusive of the communities we serve. This enhances program effectiveness, informs resource allocation, demonstrates accountability, builds credibility, and facilitates continuous improvement. We see this as foundational to expanding our capacity and impacting sustainable change.

Leverage Technology for Greater Impact

We aim to leverage technology to significantly enhance our impact. Our vision includes incorporating a learning management system (LMS) that serves as a comprehensive platform for high-quality, forward-thinking, and innovative on-demand learning and trainings. This platform will offer workshops, podcasts, and other resources focused on recovery and mental wellness, providing robust support for individuals on their recovery journey. The LMS will create an inclusive environment where participants can learn at their own pace, ensuring accessibility and flexibility. This approach will accommodate diverse learning styles and schedules, making it easier for individuals to engage with our programs and resources.

8. How will the funds help you achieve your goals?

The grant will be instrumental in helping Sankofa achieve our key goals during this critical phase of our growth. Below is a breakdown of how the funds will be utilized:

Infrastructure

The grant will cover fees for 3 to 4 peer facilitators to deliver trainings and lead recovery and healing circles, and a part-time program manager to coordinate and implement our programs.

The funds will assist in paying for our office space, providing a stable and professional environment for work and meetings.

Supplies for In-Person Recovery & Healing Circles

Funds will be allocated for supplies, including art supplies (paints, brushes, markers), journaling supplies, general materials, and meditation aids (yoga mats, and cushions).

Marketing Our Trainings

Marketing Consultant: We will hire a marketing consultant who understands the recovery community to develop and implement a comprehensive, inclusive, and culturally responsive outreach strategy.

Social Media Manager: A dedicated person will be brought on to oversee and manage our social media platforms, ensuring consistent and engaging communication with our population.

Graphic Designer: The grant will enable us to hire a graphic designer to create inclusive designs and marketing materials for our priority population.

Instructional Materials: To successfully launch several of our trainings, we'll need to develop participant guides, facilitator guides, PowerPoint presentations, and all instructional materials. The grant will help to

cover these costs.

Evaluation and Metrics

We will consult with a specialist who is expertly skilled in inclusive evaluation to help identify or develop robust evaluation metric systems.

Sankofa Website:

Funds will be allocated to hiring a professional web developer and graphic designer to upgrade our current WordPress site, integrating learning management system features to provide on-demand learning, workshops, and instructional videos.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



MA Association for Mental Health - Fi... .pdf

Organization's Operating Budget



Copy of Sankofa Operational Budget (...xlsx



Wednesday, June 12, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	SIOGA Club of Berkshire County Inc. d/b/a George B. Crane Memorial Center
Organization EIN	04-2620389
Annual Operating Budget	90000
Year Incorporated	1977
Organization Address	81 Linden Street Pittsfield, Massachusetts, 01201
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	@gmail.com
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 91632.6

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 1: Western MA

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

Black, Indigenous, and other People of Color (BIPOC)

Veterans

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Grounded in a belief that addiction should bear no stigma, the George B. Crane Memorial Center (GBCMC) provides community-based support for individuals and families recovering from substance and alcohol use disorder by providing a safe, secure meeting space and programming to empower people to make positive behavioral and lifestyle changes.

2. Describe the services your organization provides or the activities it engages in?

In 2010, the GBCMC opened as the first recovery support center in Berkshire County. We are a small, grassroots organization driven to support those seeking recovery from substance and alcohol use disorder. We are acutely aware that opioids and synthetic opioids are present in most drugs available "on the street". Recovery here takes the form of a continuum of support, providing a safe meeting and gathering space for those seeking recovery, and providing individuals with assistance locating resources to address social determinants of health that, when lacking, perpetuate the family system of addiction. In 2022, observing gaps in one-on-one support between meetings and clinical appointments, we received American Rescue Plan Act funding from Pittsfield that allowed us to hire our first part time employee. Since July 2022, our Community Liaison (CL) has welcomed 1,035 walk-in visits. We have built strong relationships with 80+ organizations in Pittsfield that provide critical services to those in recovery, and our neighbors in the underserved West Side area. We have welcomed 218 unique individuals here and created and facilitated additional recovery support meetings such as Art in Recovery, Yoga in Recovery, and the Women's Table. The Women's Table works to overcome barriers for women choosing to seek recovery by creating a network of city organizations collaborating on identifying and publicizing resources unique to women's needs. The CL also facilitates a Black, Indigenous, and People of Color (BIPOC) Voices in Recovery meeting focused on bringing local leaders to GBCMC to hear about barriers they uniquely face in their recovery. The CL's presence led to an additional six recovery support groups coming here to host their meetings – in total, nearly 2000 meeting attendees a month come to our safe space for recovery support meetings. The GBCMC has been entrusted by the Berkshire Regional Planning Commission with a

subaward to a U.S. Department of Justice Comprehensive Opioid, Stimulant, and Substance Use Site-based Program grant to oversee and manage six Community Outreach Specialists (COS). These COS's go out and speak with 18–25-year-old individuals about their experiences with substance use and barriers to seeking treatment. These stories are translated into data used to inform all local agencies working with opioid and substance use disorder to create services where gaps exist. Data for 2023 was presented to a group of 40+ local agencies. In 2024 we are developing strategies that will alleviate identified gaps. COS's also supply harm reduction materials to all they speak with and warm hand-offs to agencies based on their needs, such as MOUD, housing, or treatment. Thanks to the ARPA funding, GBCMC's ability to provide services to the recovery community has grown by approximately 600% as of our ARPA quarterly report submitted in April 2024. While this ARPA funding ends in 2025, Pittsfield continues to experience disproportionate rates of opioid-related emergency room visits, emergency medical services, and deaths than Berkshire County and Massachusetts. Funding from the Mosaic Opioid Recovery Partnership will enable GBCMC to continue to provide increased services to assist individuals through their recovery journey.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The George B. Crane Memorial Center (GBCMC) Community Liaison participates in the Diversity, Equity and Inclusion (DEI) Committee of the Berkshire Overdose Addiction Prevention Collaborative (BOAPC) and has championed solutions to address gaps in services for priority populations such as increasing “Feet on the Street” outreach collaboration with other service providers, performing one on one advocacy for clients needing support in dealing with critical life challenges including housing, employment, medical and mental health follow through and many other areas. We also designed, recruited participants for, and continue to facilitate three of the five initiatives the DEI Committee currently has in its portfolio that provide those with lived and living experience an opportunity to be heard by community leaders and decision-makers. These initiatives include Black, Indigenous, and People of Color (BIPOC) Voices in Recovery, where over the past year, nearly 50 BIPOC members’ voices were lifted up over ten sessions to more than a dozen community leaders, including the Berkshire Health Systems (BHS) Chief of Staff and team of emergency care doctors, newly elected Mayor of the City of Pittsfield, DEI officers for 4 city agencies who are consequential to recovery support, Pittsfield Chief of Police and team of Captains, Lieutenants, and Co-Responders. Through the Women's Table, over 25 women-focused agencies have convened monthly since November of 2022, including the Berkshire County District Attorney's Office, 2nd Street Second Chances, Berkshire House of Corrections aftercare program, BHS' Berkshire Connections for Women program, and the Elizabeth Freeman Center supporting women affected by intimate partner abuse. A Living Women's Resource guide was created and is maintained by our Community Liaison. Lastly, the Community Outreach program interviews BIPOC and Spanish Speaking 18-25 year olds, interviewing 470+ individuals since April 2023.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

The George B. Crane Memorial Center (GBCMC) operates as a safe stigma-free space for all, with inclusive and culturally appropriate signage posted prominently around our building in both English and Spanish. Our property is universally accessible, including elevator access to the second floor. Our Board of Directors and Community Liaison have participated in SafeZone Training for LGBTQ ally organizations and Diversity, Equity, & Inclusion (DEI) Toolkit Training provided by the City of Pittsfield's DEI Officer Michael Obasohan. The GBCMC bulletin board includes flyers for events and groups held at the Center and other locations in Pittsfield that welcome and serve LGBTQIA, BIPOC, Spanish-speaking, women, and elderly populations. We work with a group of 5 LGBTQIA+ individuals who stop by the office on a regular basis to check in and inquire about upcoming activities or programs in the area. Two are regular volunteers. Through their help we are updating the Women's Guide to include language that reflects gender identity and expression equity. The Community Outreach Specialists managed by GBCMC as part of the Berkshire Regional Planning Commission's U.S. Department of Justice Comprehensive Opioid, Stimulant, and Substance Use Site-based Program grant were selected specifically to reflect and equitably serve priority populations in our community.

5. How does your organization ensure that the voices of the people you serve inform programs

and services?

The George B. Crane Memorial Center (GBCMC) believes that active listening is our most important service, creating a foundation of trust for successful recovery. It informs the actions we take and the design and implementation of services we provide. By ensuring people receive a warm welcome and are heard by open, non-judgmental ears, we have found that trust can be established, allowing people to discuss openly their journey and their needs. This enables us to identify and discuss with them the types of programs and services that would help them most. We also develop and deploy surveys and questionnaires to gather additional feedback on groups, events, and services that can be brought to or offered by the GBCMC. As a result, we have established programs such as Yoga for Recovery, Art in Recovery, Mindfulness classes and Meditation meetings. GBCMC partners with our local Retired Senior Volunteer Program (RSVP) to offer classes such as knitting and Mah Jong. Based on feedback received, we are pursuing funds to create open recreation space on our property for outdoor activities such as cookouts and games as well as space for recovery events and activities. We are also pursuing funding to provide additional classes on nutrition in recovery and smoking cessation. GBCMC has been approached recently by community individuals and businesses who would like to offer pop-up classes and clinics. The GBCMC also provides inclusive opportunities for the voices of the people we serve to be lifted up and heard by community leaders and decision-makers through Black, Indigenous, and People of Color (BIPOC) Voices in Recovery and the Women's Table.

6. What steps has your organization taken to create a more inclusive work environment?

The George B. Crane Memorial Center (GBCMC) has always operated from an inclusive perspective. It is a simple fact that addiction does not discriminate, and we recognize the power that inclusion and feeling welcome and safe have on an individual's recovery and the operation of our organization. We know that to properly serve the diverse community we do, our strength is enhanced by the diversity of our board. Our all-volunteer board often includes members from diverse socio-economic backgrounds, ethnicity, religion, and sexual orientation. Everyone has an equal voice and is treated with the utmost respect. We continue to actively recruit new board members with these core beliefs as our guide.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our most pressing goal is to stabilize our organization's finances. A key aspect of this is to recruit a complimentary organization to operate in our recently completed 3,500 square foot upstairs space. This will provide GBCMC with rental income allowing us to build sustainable organizational capacity. The Mosaic Opioid Recovery Partnership Grant will allow us to keep our doors open by focusing on finding the right organization to complement the services we provide.

Another goal is to maintain continued partnership with community organizations that support recovery needs. Our CL is a member of multiple area committees and coalitions and was requested personally by Mayor Marchetti of Pittsfield to serve on a new Substance Use Disorder Task Force to increase cooperation, address gaps, and share resources to address the services needed by the recovery community. This was a direct result of the visibility her tireless networking and relationship building has brought to the city. The Mosaic Opioid Recovery Partnership Grant will allow us to continue to bring our work to a community-wide scale through our Community Liaison, currently only funded through 2025. We intend to pursue additional programming grants to extend the Community Liaison program past 2025 as it has been so instrumental to what we have been able to achieve in support of the recovery community.

GBCMC's next goal is to make our entire property a clean, safe and welcoming place for members of the recovery community and our neighbors alike to gather and be able to utilize the property for community

related activities and events. We applied for but did not receive Pittsfield Community Preservation Act funds to facilitate our vision of creating that open space on our property. We are already pursuing another grant through**. We also have several in-kind labor, and material donations secured for this project. We continue to gather input and testimonials from our community members and neighbors and will refine our application and apply again this year. GBCMC is in the heart of Pittsfield's historically underserved, disenfranchised West Side and our neighbors have often communicated to us how important it is for them to have a safe open space for themselves and the children in the neighborhood to use. Another longstanding goal of GBCMC is to be able to provide a safe place for programs designed to support women with substance use disorder and their children during the critical early childhood years of bonding and growth. Recently, we have been working with a local organization that relocated their meetings to GBCMC for their pregnant and post-partum women in recovery to have a safe space for the mothers and their children to come, socialize, and learn about services available to them. Certified childcare is provided at these meetings allowing the mothers to focus on their needs while their children are safely supervised. The Mosaic Opioid Recovery Partnership Grant will allow us to increase our reach and impact by hosting these and other meetings at our center and connecting participants with community-based resources.

8. How will the funds help you achieve your goals?

The Mosaic Opioid Recovery Partnership Grant funds will allow the George B. Crane Memorial Center (GBCMC) to meet our operating costs, including continuing our Community Liaison, while we work to achieve the four goals described in response to question 7. Keeping our doors open is critical to our ability to search for and find the right organization to complement the services we provide, identify and apply for grants that support expanded programming for the recovery community, and maintain one-on-one assistance– which is crucial for the success of many individuals who are waiting for severely backed up mental health and recovery services– as well as forging community partnerships that link them to resources and provide opportunities for their voices to be heard. As we are sure you are aware, most grants available to support substance use disorder recovery are structured to fund programming, not operational costs that are required to host programming. These grant funds will provide a lifeline to the GBCMC that will enable us to stabilize our organization and shift toward sustainability.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 2023 [Standard].pdf

Organization's Operating Budget

 2024 [Total]_2.pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Southeastern Massachusetts Veterans Housing Program, Inc. (DBA Veterans Transition House)
Organization EIN	11-1190035
Year Incorporated	1990
Organization Address	1297 Purchase Street New Bedford, Massachusetts, 02740
Are you a fiscally-sponsored project?	<input checked="" type="button" value="No"/>
Primary Contact Full Name	
Primary Contact Email	@vetshouse.org
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which

equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 5: Southeast

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

Families

Veterans

Older adults

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

VTH's mission is to provide hope for homeless veterans in a safe, supportive residence, and to assist formerly homeless veterans to re-enter the community. VTH provides shelter and clinical services focusing on healing from substance abuse and life skills development so that each veteran experiences rehabilitation, self-sufficiency, and community reintegration.

2. Describe the services your organization provides or the activities it engages in?

Founded in 1990, VTH has developed a continuum of care in recognition of the vital need for housing and supportive services for homeless and at-risk veterans. VTH has seven New Bedford properties that can provide simultaneous housing for 85 veterans. Last year, 27,654 total bed nights were provided through transitional and permanent housing strategies. Utilizing a Housing First and Harm Reduction model, all VTH properties are sober and require participation in group therapy and individual therapy for mental health and substance recovery and also require participation in Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meetings. Housing strategies include:

- EOVS Transitional Housing – 25 bed congregate living, transitional program available to homeless male veterans. Residents are required to attend two case manager-facilitated groups daily, as well as daily community AA/NA meetings.
- VA Per Diem Transitional Housing (Clinical Treatment Model) – 7 bed transitional housing program where residents are required to attend four clinical hours of treatment daily.
- VA Per Diem Transitional Housing (Service-Intensive Treatment Model) – 12 bed transitional housing program where case management is offered to all residents during their efforts to access housing opportunities.
- Permanent Housing

Working in collaboration with the Massachusetts Executive Office of Veterans' Services (EOVS), Veterans Administration (VA) Medical Centers, and the New Bedford Veterans Administration Community-Based Outreach Clinic, as well as numerous local homeless service providers, VTH provides a spectrum of

therapeutic services designed to address the individual needs of veterans.

- Meals Program – 1,260 meals per month, more than 15,000 per year, where veterans congregate socially, enjoy a nutritious meal, and are monitored by case managers.
- U.S. Department of Labor Homeless Veterans' Reintegration Program – employment education and placement services.
- EOVS Outreach and Housing Placement – walk-in/day-of services to access support and serves as the hub for resources including housing and support specialists, Supportive Services to Veteran Families (SSVF) team, and administration. The staff at the Outreach Center facilitate legal services, healthcare, recovery-based support, mental health services, VA benefits, disability benefits, food pantry, clothing pantry, education, and SNAP benefits.
- VA SSVF – works closely with the VA's HUD-VASH program and support veterans in accessing subsidized and unsubsidized housing. SSVF outreach teams support veterans to gain access to detox/inpatient care in the case of relapse while in independent living.
- Transportation to medical appointments and VA services – Providence Veterans Affairs Medical Center, Brockton Veterans Affairs Medical Center, local AA/NA meetings, as well as civilian based providers.
- Group Instruction – Dialectical Behavior Therapy, Cognitive Behavioral Therapy, and Attachment-based Therapy run by a Licensed Independent Clinical Social Worker. Substance Use Remediation and life skills groups run by case managers. Employment Skills Development offered by VA clinician. Financial Literacy provided by a local bank employee. Mindfulness overseen by a volunteer clinician.
- Recreation & Cultural Activities– free opportunities and transportation to attend events such as sports games, deep sea fishing, meals at a local VFW, lawn bowling, book club, Boston Symphony Orchestra, trips to local museums, and car shows.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

VTH provides over 1,000 units of service per year to veterans. The majority of the veteran population served by VTH is middle-aged men from New Bedford, the Southcoast region, and Cape and Island communities. More than 80% of veterans served by VTH qualify for low-income status as defined by the US Department of Housing and Urban Development. Due to their age and military service, more than 24% of veterans at VTH have a service-connected disability rating. VTH assists veterans who are experiencing homelessness or housing insecurity by either providing transitional or permanent housing or by supporting them in the process of securing low-income or market-rate housing in the region. VTH's housing has a 100% clean and sober requirement which is monitored by randomized screenings. The majority of veterans have a lived experience with substance misuse and are either in acute substance recovery or are maintaining their sobriety. Last year, VTH's male and female veterans identified as: 78% White, 15% Black, 6% Hispanic/Latinx, and 1% Native American/Indigenous. This representation is comparable to national veteran diversity. In 2022, the Census Bureau reported veterans identified as: 74.2% White, 12.4% Black, and 8.6% Hispanic/ Latinx.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

VTH provides services to veterans across Southeastern Massachusetts where approximately 36,600 veterans live. In this wide geographic area, VTH provides multiple opportunities for support to ensure equitable access to housing strategies, clinical services, and referrals.

VTH's Street Outreach and Housing Specialists engage with veterans in encampments, harm reduction sites, hospitals, detention centers, and through recommendations. VTH Specialists often encounter veterans who need access to substance re-treatment and recovery. Veterans are provided with information to address unsafe living conditions, health care needs, behavioral health needs, and substance abuse recovery at VTH and/or the VA. The Outreach Specialist provides transportation, either directly from VTH or with vouchers, to ensure access to care.

Female veterans can be overlooked by community organizations. VTH engages female veterans to ensure they receive services comparable to their male counterparts. VTH's programs serve 15% of female veterans as compared to the national average of 10%.

VTH collaborates with community health organizations in the region to address the myriad conditions that veterans face. If VTH does not have the programs or facilities for the necessary services, these collaborators provide the services in areas such as medical care, legal counsel, and vocational support.

VTH's Case Management Services are provided in a variety of settings to best serve veterans and ensure accessible care for all. These services are offered in a veteran's home, in the community, or at the Alfiero Outreach Center. Additionally, video conferencing is utilized to provide equitable access for veterans in the outlying areas of the Cape and Islands. Case Managers work directly with veterans to create their Individual Service Plan to ensure client-centered care. Each veteran establishes goals that encapsulate what is important to him/her, identifies barriers to success, and makes plans to alleviate them in order to ensure their quality of life and sustainable independent living.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

VTH's services are specifically designed to meet veterans where they are financially, physically, and emotionally and are informed by clinical best practices. The intake process is private and personal with a view toward recovery, independence, and sustainable community reintegration. VTH continues to develop a process to determine what each veteran's specific needs and goals are from the beginning. This guides successful discharge into permanent housing and employment, and contributes towards low rates of recidivism.

With the hiring of a full time Licensed Alcohol and Drug Counselor (see below for greater detail) VTH will have the capacity to launch a review process that has previously been limited due to staff availability. By implementing anonymous exit interviews for each veteran upon leaving a program, VTH will have the benefit of honest critical review on current access, cultural sensitivity, and accountability, and can potentially alert to gaps in services. These notifications will inform internal conversation across programs for the benefit of all clients.

With decades of service experience, VTH has a well-established cognizance of urgency and the importance of trust when dealing with the veteran population. Veterans are private and hesitant to accept assistance from others. With varied programming and supports, and when time barriers are removed, veterans can reach a place where they feel comfortable and secure. Once this rapport has been achieved, veterans express themselves and communicate their needs both in private and group sessions. At the conclusion of each program and session, veterans have an open invitation to stay longer to talk privately or to ask questions. This provides an opportunity for deeper connection as well as sharing of their individual needs.

6. What steps has your organization taken to create a more inclusive work environment?

Founded and guided by a veterans-helping-veterans model, many VTH staff members are veterans and bring their military background and shared experience to their work. Additionally, VTH is proud to employ past residents; these employees have flourished professionally at VTH and represent both sides of the lived experience, bringing strength to the intake process for new veterans, as well as the therapeutic process for current clients.

VTH makes every effort to engage personnel who represent the diverse community of New Bedford and the Southcoast region. VTH's positions require specifically trained individuals, and VTH commits to engaging the most qualified employee for every position. Several BIPOC individuals have been employed by VTH, and these staff members have brought a wealth of lived experiences to the organization. VTH past board chair and current chair of the governance committee, Rosemarie Lopes, USMC (Ret), is African American.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Employ a full-time Licensed Alcohol and Drug Counselor (LADC). This professional staff member will focus solely on providing substance abuse treatment counseling to veterans. This will include a triaged

approach to determine the appropriate services through intake interviews with each program participant. Once a treatment plan is established, the LADC will provide individual and group therapy sessions.

2. Provide in-house, rigorous, year-round treatment services for all veterans in VTH housing, and similar services, up to one year, to veterans who have existing VTH housing and have secured permanent housing to ensure individual success.

3. Increase outreach to veterans at-risk of homelessness or experiencing addiction across Southeastern Massachusetts by 50% through a consistent marketing campaign promoting housing and treatment services.

4. Develop, fund, and implement an Enrichment Program that supports a holistic approach to health and wellness, including recreational activities, physical fitness classes, art therapy, and participation in a calendar of sporting events and festivals.

8. How will the funds help you achieve your goals?

With the funding to establish and sustain the Licensed Alcohol and Drug Counselor (LADC) position full time, VTH’s existing staff members will gain additional time to focus on their delivery of services. The LADC will work directly with veterans to assess their individual needs, develop Individual Service Plans, and provide ongoing therapy and support throughout their recovery journey.

As VTH’s veteran services and participation continue to increase to meet the demand of the community, added flexibility will provide an opportunity to expand programs and add new offerings, to both current and non-client veterans. VTH will have the capacity to provide comprehensive support of root causes, while addressing other challenges faced by veterans recovering from opioid addiction and the trauma of homelessness. VTH will also utilize funds to provide connections to external professionals and obtain training on addiction and recovery best practices to augment the existing skill sets of the current clinical team.

Thus, the impact of securing this funding for the LADC extends far beyond addiction treatment alone. With the LADC’s expertise, veterans will gain the tools and resources necessary to overcome substance abuse, paving the way for greater success in accessing housing, food assistance, and employment training services. By addressing addiction head-on, VTH can maximize the effectiveness of existing programs and provide veterans with the leverage they need to achieve lasting stability and wellness.

Funds will also establish the Enrichment Program for approximately 75 veterans annually. This will support health and wellness through recreation and physical fitness, art therapy, and access to extracurricular activities such as sporting events and festivals.

VTH will implement a Marketing Campaign with a professional marketing firm. This \$25,000 annual campaign will include billboards, print, and social media to educate approximately 36,000 veterans across Southeastern Massachusetts about VTH services, including the work of the LADC.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 VTH FY22 Audited Statements.pdf

Organization's Operating Budget

 VTH FY2024_Budget.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization South Shore Peer Recovery, Inc.

Organization EIN 47-3331053

Year Incorporated 2015

Organization Address 51 Cole Pkwy
Scituate, Massachusetts, 02066

Are you a fiscally-sponsored project?

Primary Contact Full Name

Primary Contact Email

Primary Contact Title

Primary Contact Preferred Pronouns

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 4: MetroWest

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply). People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery
LGBTQ+ identified
Black, Indigenous, and other People of Color (BIPOC)
Families

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Creating a safe space in the heart of the community where people with lived experience join together to build skills, provide support and find hope in recovery.

2. Describe the services your organization provides or the activities it engages in?

Founded in 2015 as a grassroots RCO, we have grown from a team of two employees supported by volunteers in a donated office space to a vibrant RCO with ten employees, all in recovery, operating Peer Recovery Support Centers in Scituate and Weymouth.

We offer a variety of support services seven days a week. We support all pathways of recovery, foster community connections, and have a vibrant volunteer program. Our weekly schedule includes All Recovery Groups, a Women’s Group, 12-Step Meetings, a Mindfulness group, Refuge Recovery, Family Supports, Recovery Yoga, Recovery Acupuncture and more. All our services are free. We also provide workshops that include C.R.A.F.T Family Skills courses and Parenting Journey in Recovery. We provide support via drop-ins and a structured coaching program called Individual Recovery Support Services (I-RSS) that uses Recovery Plans aimed at increasing Recovery Capital.

As part of South Shore Health’s Together we RIZE grant, we have a PRSS with lived experience in medication assisted recovery embedded at South Shore Hospital that plays an important part in supporting our most vulnerable community members in finding recovery.

Our Individual Recovery Support Services program is a response to community feedback on a lack of sustained Peer Recovery Support on the South Shore. We created this program via fundraising to help address a gap in services as BSAS-funded Centers do not support direct, sustained RSS/Coaching. I-RSS provides peers with free, sustained recovery support that pairs them with a PRSS/Coach for weekly Recovery Planning sessions. To support this program, we utilize the RecoveryLink platform to collect and analyze self-reported data on our participants. RLink provides staff with a platform to create recovery plans, make referrals, log engagements, and track outcomes. We provide real time feedback to support our peers using Recovery Capital and other wellness measures.

As an example of the success of the I-RSS program, we highlight one of our participants, Ned. Ned is a 49-year-old, gay man from Weymouth. He engaged in I-RSS in 2022 and had hopes of “building a network of friends enjoying life without using substances.” After one year in I-RSS, Ned has done that and so much more, “I have been on a sober cruise, gone to Halloween party, and went to P-Town, all with sober friends. I have learned many things and met many people who have helped me in this process, but one person that I met is truly fascinating and has this newfound happiness for life, I met Me.” Over 12 months, Ned engaged in 34 scheduled recovery planning sessions, spent 38 hours working with his PRSS and completed 14 SMART goals. Ned’s Recovery Capital score increased by 20% and he recently celebrated 1 year of sustained recovery. Ned shared, “I don’t think my journey would have been this successful without SSPR being there to help guide me where I needed to be.” Ned is one of the many examples of people that our I-RSS program has been able to help.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

We serve individuals on the South Shore ranging from Marshfield to Quincy between community-based support and our Centers in Weymouth and Scituate. Our mission is focused on supporting People with Lived Experience or Living Experience in the priority target communities of Scituate, Weymouth, Braintree and Quincy. In 2024 we are expanding our efforts to provide support to the majority-minority community of Randolph through our affiliation with our regional CBHC, Aspire Health Alliance. Our Centers aim to create an open and all-inclusive community for individuals seeking or sustaining recovery. In the past 12 months, we have had 7,926 attendance sign-ins for our groups in Scituate (Weymouth opened 4/2024) and have served over 500+ unique individuals. Our priority population is adults living in the community with undertreated substance use, primarily misuse of alcohol, fentanyl, other opioids, and poly-substance use. Last year we supported 175 unique individuals in individual support over 1,350 sessions. Of those, 77% self-reported as “in or seeking recovery.” We interpret this percentage to be larger but do not require reporting to participate.

We consider addiction to be a family disease and provide support to family members with loved ones struggling with substance use. In the past year, we provided individual support to 58 unique family members, the majority being parents seeking support to help their children, and additional group support with two weekly Family Support Groups and a bi-annual C.R.A.F.T. 8-week Family Training program.

Our median participant age is 48 years old. Our reported Gender Identity of participants is 53.56% Female, 44.35% Male, and 2.09% Non-binary. Our reported Sexual Orientation is 10.53% Bi-sexual, 84.21% Heterosexual, and 5.25% Homosexual. With the opening of our new Weymouth Recovery Center, we have solicited community feedback and are actively working to start an LGBTQ+ recovery support group in July 2024.

II. We’d like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

A priority of our current expansion hiring is recruiting culturally and linguistically diverse staff and volunteers from the Weymouth area and the development of a Cultural Competency Committee to ensure we are providing equitable space for ALL our community members.

A primary goal for opening our new BSAS-funded Recovery Center in Weymouth is to serve those in our community experiencing identified barriers to health and support. Lack of transportation, lack of affordable housing, economic inequality, and SUD/COD are all health inequities that disproportionately

impact our marginalized communities. As an organization, we recognize that we must do more to provide support services. Our recent affiliation with Aspire Health Alliance has provided SSPR the opportunity to focus program efforts on providing RSS services for diverse underserved communities outside of our former reach, including the majority minority community of Randolph. Our Outreach & Engagement Coordinator and Weymouth Program Director are working with community members in Weymouth to develop strategies to better engage and support our diverse community that include the facilitation and launch of our upcoming LGBTQ+ Rainbow Recovery group. We have made an organizational commitment to supporting our local LGBTQ+ organizations, sponsoring and marching in annual Pride events as a staff and community.

In addition to increased engagement efforts for BIPOC and LGBTQ+ communities, our existing relationship with the SHORE Perinatal and Postpartum program at the South Shore health Grayken Center provides us the opportunity to better support mothers in recovery. We have a shared staff member that provides PRSS supports at SSPR and at the SHORE Perinatal program. We offer all mothers the ability to participate in our Individual Recovery Support Services program with our shared, female PRSS that has lived experience as a mother in recovery and experience addressing many of the issues faced by pregnant and post-partum mothers. One aspect of this program we are eager to implement is the expansion of our Parenting Journey in Recovery course which provides mothers in recovery with actionable tools to improve Recovery Capital.

SSPR has access to contracted Interpreter Services via our affiliation with Aspire Health Alliance. Staff informs all individuals at the Recovery Centers of the availability of language assistance services clearly and in their preferred language, verbally and in writing. Staff will utilize the Language Line when necessary to assess and provide interpreter needs. In our current programming, we have utilized multilingual Peer Volunteers to provide support in Portuguese, Italian and Cape Verdean Creole, and will continue to do so as available.

We have successfully supported several Cape Verdean community members transitioning out of inpatient treatment programs and back into the community by linking them with our Cape Verdean bi-lingual community members to replace language barriers with comfort, understanding and community.

All our programming locations are ADA accessible and all applicable support groups are available to join remotely. In 2023, we instituted an UberHealth transportation program to provide transportation to our programs for community members in need.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We embody the Peer Participatory Process. We recognize that our community is us; that we exist for and by the participation of our peers. We work hard to ensure the voice of our community remains loud in all aspects of our organization.

Our mission statement, branding, Code of Ethics, Center Policies, and programming are all developed by committees of staff and members. We involve peers at all levels including our finance committee, fundraising committee, and in the hiring process. Our Board of Directors has a policy requiring more than 50% of directors to have lived experience in recovery. Over 50% of our current board were invited to join after being consumers of our programming.

All staff are in recovery, four of which originated as participants, and collaborate with members in designing and evaluating programming. We hold an annual Program Survey based on suggestions for programming from our community and create a survey to determine the top priorities. Our Yoga, Refuge, and Acupuncture groups are a direct result of this process. Our Centers have a suggestion box, and we have Program Proposal Forms available to all for submission of ideas at any time. We work hard to foster a system of feedback and accountability between our staff and community members. We have 'Peer Voices and Choices' drop-in hours on Mondays that ask three questions: What's working? What's not? Any new ideas? We hold Monthly Community Meetings where we address challenges, launch new programs, and have votes. We have several peer committees such as a Social Activity Committee which plans pro-social events and activities.

To provide transparency for our community, we have an "In case you missed it" binder in the Centers and section on our newsletter and website that publicly shares all community/committee minutes, actions

steps, and staff responses.

6. What steps has your organization taken to create a more inclusive work environment?

SSPR strives to be welcoming and accessible to all community members including staff. We engage diverse groups to assure that our workplace is inclusive, and that support is delivered in a linguistically and culturally competent manner. We have increased cultural competency and racism trainings for all staff, including leadership. All staff are required to complete BSAS Equity, Inclusion and Diversity for Recovery Coaches and other Peer Workers, Boundaries for Peers and Other Lived-Experience Professionals, and Cultural Competency, in addition to the CCAR RCA which includes Ethics and Boundaries.

We have an annual member and governance review of all policies and procedures based on the needs of our community and staff. As part of FY25 goals, we will develop a Cultural Competency Committee of community members and staff to ensure cultural competency and CLAS standards are incorporated at all levels of our organization. This committee will complete regular evaluations of our policies and programs, identifying areas for improvement, and setting goals to address them. This committee will receive support from Aspire Health Alliance's Diversity, Equity, and Inclusion Council through our recent affiliation agreement.

Our staff are part of our community. As we expand, we are prioritizing hiring diverse employees reflecting the communities we serve. The staff team is all in recovery from substance use and includes representation of single mothers in recovery, multiple pathways of recovery, different genders, sexual identities, and a diverse age group. To support our staff, we have a Supervisor Open Door Policy that promotes space to discuss personal and workplace challenges. We hold weekly Team Meetings to provide supportive supervision. In addition, all levels of staff have an individual meeting monthly with the Executive Director for focused support, training and supervision. As we grow, we are excited to plan for quarterly organizational staff meetings and regular retreats.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Goal 1. Achieve operational and financial stability that provides for increase Individual Recovery Support Services.

Objective: Achieve a sustained, multi-year positive net income to support current programming by maintaining current Peer Recovery Support Specialist staff.

Performance Measurements: End fiscal years with positive net income to support sustained operations. Maintain or increase current PRSS staffing level providing Individual Recovery Support Services.

Measurable Timeframe: Years 1, 2, 3.

Goal 2. Increase organizational capacity and efficiency through the addition of an Administrative Assistant/Operations staff role to assist with administrative duties that include participant enrollment, accounting support, payroll, scheduling, onboarding, grant writing support and data collection and reporting.

Objective: Hire Administrative/Operations Assistant role to support expansion of operations to 2 Recovery Centers and increase of staff from 4.5 to 11.

Performance Measurement: Hiring of Admin/Operations Assistant.

Measurable Timeframe: Complete in Year 1.

3. Maintain and expand impact of South Shore Hospital Based MAT Peer Recovery Support Specialist
Objective: Maintain presence of embedded SSPR PRSS in the Hospital Addiction Consult team to support individuals admitted for overdose and/or substance use related health problems. Replace funding for position that expires in August 2024.

Performance Measurement: Maintain staff position beyond current funding limitation. Track number of individuals served, engagements, referrals and successful retention and engagement at Methadone Clinics and SSPR Recovery Centers.

Measurable Timeframe: Replace funding for staff in Year 1. Maintain Year 2, 3.

4. Improve recovery outcomes among residents of South Shore communities with substance use disorder, with a focus on vulnerable and underserved populations, with demonstrated increases in recovery capital and one or more areas: abstinence, stable housing, employment, transportation, and/or quality of life measures.

Objective 1: Provide free, accessible one-to-one Peer Recovery Support Services to an additional 90 unique individuals in new communities over a 3-year grant period through Individual Recovery Support Services Program.

Performance Measurements: Track number of individuals served, participant demographics, engagements, and retention.

Measurable Timeframe: 30 unique I-RSS enrollments from new communities Year 1, repeat Year 2, repeat Year 3.

Objective 2: Improve primary recovery outcomes for program participants as measured by an increase in the recovery capital of 75% of participants annually and a positive change in abstinence, stable housing, employment, transportation, and/or quality of life measures.

Secondary Performance Measurements: Abstinence from AOD/AOD use, Housing stability, Employment status, Criminal justice status, Quality of life, social connectedness.

Measurable Timeframe: Objective achieved Year 1, repeat Year 2, repeat Year 3

8. How will the funds help you achieve your goals?

This funding will help meet the above goals by:

1. Providing operational budget support with \$100,000 a year for three years to establish financial stability and reserves for investment in staffing and programs. This grant will fund 0.5FTE PRSS providing I-RSS with a focus on pregnant and post-partum mothers in recovery.

2. Support the hiring of 0.5FTE Administrative staff to support organizational growth and efficiency. This will alleviate the administrative burden on director staff allowing for focus on program expansion, training and development, and strategic efforts.

3: Will replace funds from South Shore Health’s RIZE grant for 1FTE SSPR PRSS embedded with the Hospital Addiction Consult Team to support individuals entering the hospital following an overdose or substance use related health issue. This program targets underserved individuals enrolling in MOUD Treatment with peer support from a PRSS with lived experience in recovery utilizing methadone. Current funding ends on 8/30/2024.

4: Will increase our impact by maintaining and increasing the I-RSS program with a combination of all the above uses. The addition of an administrative role, funding for .5FTE PRSS, and re-funding of 1.0FTE Hospital Based PRSS, allows us to expand services and meet increasing demand. The administrative burden removed with the new position will allow existing staff to better support the I-RSS program.

In 2023, we were awarded a BSAS grant to open a funded Center in Weymouth. The award supported expanding our reach and staff, but funds are restricted to the Weymouth Center. The grant provides minimal support to sustain our existing community, hospital, and Scituate Center operations and does not provide capacity to support our free I-RSS program that is in high demand. This funding will allow us to increase our operational capabilities, efficiency, financial stability, and program reach.

Thank you for your consideration.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 SSPR FY23 Review _ FY24 YTD PL.pdf

Organization's Operating Budget

 FY 2025 Operating Budget.xlsx



Wednesday, June 5, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Team Sharing, Inc

Organization EIN

82-2960310

Annual Operating Budget

121,800

Year Incorporated

2017

Organization Address

296 Bigelow St
Marlborough, Massachusetts, 01752

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@teamsharinginc.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

I prefer not to say

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 50000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Statewide

Check the most relevant box along the continuum for your services or activities.

Trauma, Grief, and Family Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People of all nationalities, etc. who have experienced the loss of child from SUD

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Team Sharing, Inc is an organization of parents who have lost a child to Substance Use Disorder. Through social networking, community activism, grief services and advocacy, TEAM SHARING provides support and friendship to grieving families while working to raise awareness of Substance Use Disorder and its impact on our communities.

2. Describe the services your organization provides or the activities it engages in?

We have a benevolence program where we help families in need who have lost a child. We have helped purchase groceries, given scholarships for treatment. We have assisted in paying for burials, urns. We have held backpack drives for the children before school begins. We have had coat drives and offered coats, hats, boots, mittens during the cold season to the children of loss.

Every Christmas we have a party for the children here in Massachusetts who have lost a Mom or a Dad. We have a hall, entertainment, Santa Claus who comes in on a Firetruck, food for the families and lots and lots of gifts. We limit the gift amount to \$100 per child. The grandparent will help us choose the gift, we purchase, wrap and place under the tree for Santa to distribute. We have been doing this for approximately 7 years now. These families look forward to this event as well as the children, who have grown up together and become lifelong friends through their loss, just as we parents have.

We have had Valentine Parties for the parents of loss, several lunches with guest speakers. We have gone on cruises as a group together. We believe that doing activities together, bonds us together. There is nothing better than meeting another grieving mother and let her know sadly, that you get it.

We are advocates in the fight against Purdue. We are advocates in getting our flag lowered to half staff on August 31st, International Overdose Awareness Day. We are advocates in Harm Reduction and Overdose Prevention Centers. We have a Hope's Room trailer. It is set up as a mock teenage bedroom and parents can walk through it and see where their child could possibly store drugs/drug paraphernalia. It is in high demand across the state.

Team Sharing just became a Narcan distributor through CNP (Community Naloxone Program) and we are able to train folks on how to use.

On August 11th we are organizing an outing for the children left behind for an outing at Kimball's Ice Cream farm with food, petting zoo, and activities.

We've been approved by the Registry of Motor Vehicles here in Massachusetts to have an Overdose Awareness License Plate (Specialty Plate), and are working tirelessly to meet the requirements of getting 750 prepaid applications.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Team Sharing Massachusetts has 904 parents who have all lost a child/children to Substance Use Disorder. We are a peer lead grief group who supports these parents and their families from the devastation of child loss. We reach out to these newly bereaved when we hear of a loss. It is not unusual for 5-6 of us parents to show up at a wake, give the grieving mother our card and let her know we have all lost as well and she is not alone. We encourage her that WHEN she is ready, to reach out and we will be there for her walking beside her in her grief.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Loss is loss no matter the race, economics, social status, etc. it doesn't matter. We are there for anyone and everyone who loses a child to Substance Use Disorder.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Unfortunately for the time being, I am the sole organizer behind this organization and I do my best to make everyone aware of the services and programs we are offering.

6. What steps has your organization taken to create a more inclusive work environment?

I am the only employee.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Be able to hire an individual to help with social media skills, organizational skills, and someone with graphics to help promote our activities
2. To reach out to as many MA families who have lost a child and are not aware of the services we offer.
3. To have peer leaders in all 6 regions of Massachusetts
4. To have Hope's Room booked across the state with narcan training

8. How will the funds help you achieve your goals?

1. I will be able to hire someone to help with all the technical skills I do not have.
2. I will be able to travel or to have peer leaders travel across the states to reach out to the family of loss
3. I will be able to coordinate activities for these families that have not been able to make our social outings because of distance.
4. Be able to hire someone to do this piece of education for families

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 2024 Budget.pdf

Organization's Operating Budget

 2024 Budget.xlsx



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	The Boston Bulldogs Running Club
Organization EIN	47-5240494
Year Incorporated	2015
Organization Address	3 Village Green North, #311 PMB 703 Plymouth, Massachusetts, 02360
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	@bostonbulldogsrunning.org
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Youth

Families

Older adults

Other (please specify) All those affected by substance use/addiction including those in recovery, their friends and families, caregivers, healthcare professionals, etc.

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

The Boston Bulldogs Running Club is a co-ed 501(c)3 non-profit club established in 2015 to provide an anonymous and safe community of support for all those adversely affected by addiction - those in recovery, their families and friends, caregivers, the clinical community, healthcare and wellness professionals and the community at large.

2. Describe the services your organization provides or the activities it engages in?

We build healthy, emotionally supportive recovery and wellness communities. We also provide educational, leadership and training programs, wellness activity programs, programs for youth, giving back to the broader community, and recovery/wellness events including the annual Run for Recovery & Tribute and the marathon team. The Club has grown to over 450 members.

We also reach thousands more by advocating and promoting wellness and recovery through podcasts, media interviews, panel discussions, city and town planning processes, and at recovery festivals, road races, and community events.

The Full Circle Program

The Club initiates members through the Full Circle program. Participants work with Club mentors for six to eight weeks to understand the Three Principles of the Club and to establish specific recovery and wellness goals. Running gear, community support and other opportunities are extended to Full Circle participants.

Leadership Program

Full-Circle participants who achieve increasingly challenging goals may assume a Leadership role in the Club and oversee weekly runs and various Club programs and operations. Such Leaders are also eligible to receive a stipend for their efforts and recognition from the BBRC community. They also receive leadership training.

Junior Bulldogs

Led by Club Leaders, Junior Bulldogs programs are wellness programs geared to at-risk youth. We currently organize three such programs: The Italian Home for Children in Jamaica Plain, MA, Cristo Rey High School in Dorchester, MA, and Algonquin Heights in Plymouth, MA. We also partner with Road to the Right Track, a fitness and running program that is part of the Boston Police Department. Junior Bulldogs programs educate school-age children who are at high risk for substance use disorder and/or have been negatively affected by someone else's addiction. The program promotes and celebrates the importance of wellness, self-care, and "recovery capital."

Outreach/Giving Back

With regularity, Club members visit various locations, in communities where we run, to provide backpacks, personal care items, sweatshirts, socks, hats, Narcan, fentanyl drug testing-strips, coffee and compassion to those who are most in need. In addition, as part of our ongoing outreach program, we organize team visits to area hospitals and recovery centers including Bournewood Hospital in Brookline, MA, Charles Recovery in Weston, MA, and Bedrock Recovery Center in Milton, MA, to spread the message about wellness, recovery, community and hope.

Weekly Runs

Each week we organize five weekly runs in four greater Boston, Metrowest and Southern MA locations including Cleveland Circle, Quincy, Plymouth, and Needham. These weekly runs are led by Club Leaders who serve as run coordinators. Each weekly run starts with a roundup that welcomes new members, provides Club announcements, a wellness tip for the day, an opportunity for group sharing, and snacks and fellowship after the run. Non-running wellness and social activities are also organized and supported by each Chapter.

Meditation and More Program

Meditation can also be an important wellness and recovery tool. We have introduced free, guided, 15-20-minute meditation sessions virtually. These sessions are open to the public.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

We currently have 450 active members and are actively reaching out to potential members, caregivers, healthcare professionals, and those seeking support, who number in the thousands. We are an anonymous organization and are careful not to violate privacy, especially in regard to addiction and mental health.

On average, we welcome between two and three new members each week, many of whom have learned about the Boston Bulldogs through events, word of mouth, referrals or at recovery centers, sober living houses, Alcoholics Anonymous, or Narcotics Anonymous meetings.

We estimate that 75% of our members are in recovery and roughly 25% are family, friends, caregivers, healthcare professionals. At our five weekly runs in four different locations, we average between 20-40 members at each gathering. Ages range from Junior Bulldogs (pre-teen and adolescent) to early 20s to

70, roughly divided equally between male and female.

We have over 450 active members and a Constant Contact mailing list of over 4,000 people. At our Run for Recovery 5K and Tribute this past May 19th, 585 runners and supporters of our mission registered, with many family members and Club supporters also in attendance.

We conducted a member survey in 2020 and again in 2024. In both surveys, the vast majority were extremely satisfied with their Boston Bulldogs experience. In 2024, 85% of respondents saw their participation in the Club as key or important to their wellness or recovery.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

In 2021, the Boston Bulldogs Board of Directors formed a Diversity, Equity, and Inclusion Task Force with a diverse group of board and non-board members to work towards the creation of a set of recommendations to advance DEI in the Club in a mindful and strategic way, recognizing that diverse voices and perspectives, equitable treatment, and inclusive communities are critical to our mission of helping all those adversely affected by addiction.

We also know that communities of color and marginalized communities are under-represented in the Boston Bulldogs as they often are in society - and in the running and recovery communities for many reasons.

Meeting regularly over the course of a year, the BBRC DEI Task Force engaged DEI consultants for workshops and follow-up meetings; read books and articles on DEI; committed to listening and doing the "inner work" of learning more about systemic racism/other forms of bias and examining our own unconscious biases.

We developed recommendations to create a more diverse board, staff, and membership and foster a true sense of inclusion and belonging.

As a result, the BBRC Board and the staff actively seek to reflect the diversity and life experiences of our 450+ members. On our 12-member Board and our staff, we have a strong diversity of racial, ethnic, religious, gender, sexual orientation and lived-experience, particularly with regards to people in recovery.

We are also making a concerted effort to reach out to communities of color and socio-economically diverse communities to include in our runs, outreach, membership, and giving back efforts. While we are proud that our work has yielded much progress, we recognize that DEI requires ongoing effort, and we continue to devote ourselves to creating a just, equitable, and diverse organization.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

In addition to the member survey described above, BBRC Leaders arise from our general Club membership and, in many cases, serve as the eyes and ears of Club Members. Frequent Leadership meetings provide an opportunity to discuss Member concerns. Also, a significant outcome of our 2024 Strategic Plan process was the decision to center efforts and energy on "member experience" and to assess the vitality of our organization from the perspective of member experience.

The 2024 survey encouraged respondents to reach out directly to the Executive Director with thoughts and concerns. The new Executive Director has made an effort to attend several Club gatherings a week and to be available to all Members via cell phone and email.

We have close working relationships with our community-based partner organizations: Bournewood Hospital, Charles River Recover, Bedrock Recovery, Namaste Sober, InnerCity Weightlifting, The Italian Home, Algonquin Heights and Cristo Rey High School, and more. Each of our programs also include a survey or evaluation so that we can improve upon what we do and be attentive to the needs of the people we serve.

6. What steps has your organization taken to create a more inclusive work environment?

We have taken several steps to create a more inclusive work environment. As mentioned above, our Board participated in a year-long DEI training process. We have also added Board members who contribute to our racial, religious, socio-economic and lived-experience diversity. In March 2024, with the help of a professional Human Resources firm (InSource) we completed an Employee Handbook—our first— that underscores the importance of fairness and respect to people with diverse opinions and backgrounds.

While the majority of our Club members are in recovery, it is crucial that we also respect and honor the perspectives of those who are not. We are not solely a running club for individuals in recovery: we have a diverse group that includes individuals impacted by addiction in various ways, some of whom are in recovery and others who are not. Additionally, we are dedicated to upholding the anonymity of all members who prefer to remain anonymous.

Many members, especially those in early recovery, have limited access to financial and basic needs resources and depend upon the Club for running clothing, shoes, race registrations, Club membership, etc. Such support is given generously and discreetly by the Club.

Research suggests that a high number of addicts have a dual mental illness diagnosis that might include depression, anxiety, and/or mood or personality disorders. All are welcome and supported.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

The Boston Bulldogs Running Club is just entering its tenth year. The growth of the Club has been remarkable. We have grown from a small, all-volunteer, non-profit heavily dependent upon its founder, Michael Ferullo, and his wife, Shelley Isaacson, into a much larger, more professional, comprehensive recovery, running and wellness organization with paid, full-time staff and well-defined, quality programs.

We have an engaged Board of Directors, three Chapters (Quincy, Plymouth and Chestnut Hill) and over 450 members. This year our Board completed a five-month process updating our 3-year Strategic Plan. The following goals emerged:

1. Recognizing the needs of the communities we serve, we want to continue meeting the needs of our Members as well as their friends, families and allies with consistent, high-quality programming.
2. We want to grow and deepen programs like the Junior Bulldogs programs for at-risk youth, outreach including recovery and wellness presentations at area hospitals, recovery centers and clinics, and the Giving Back program to provide direct support to people in active addiction at area shelters and soup kitchens. We hope that funding from grants such as this one will assist us in meaningful expansion of programs and evidence-based evaluation and impact studies to support them. RIZE funding will help us to develop the metrics and tools we need to evaluate programs and measure impact.
3. We want our Mission to be self-sustaining. In order to pay professional, full-time staff while maintaining high levels of quality programming, we are seeking new ways to diversify our revenue stream. Our strategy, developed several years ago by our Board, is to use the opportunities we have currently to expand our capacity while raising our profile and diversifying revenue streams.
4. Our revenue comes from a handful of generous sponsors, an annual Run for Recovery 5K and Tribute, and charitable bibs generously donated to us by the BAA Boston Marathon Charitable Team program. A RIZE grant would lessen our dependence on the BAA, diversify our sources of revenue, and give us the ability to spend more time focused on scaling and expanding programs.
5. Each week we receive requests about opening an additional Boston Bulldogs Chapter. We very much

want to respond but recognize that our current resources are severely constrained. A RIZE grant would give us the ability to do two things: a) extend some of our programs and outreach to new Massachusetts communities and opportunities and/or b) develop a program to provide consulting to those interested in promoting running, wellness and recovery programs in line with the Boston Bulldog Running Club.

8. How will the funds help you achieve your goals?

A RIZE grant would give us a predictable revenue stream that would allow us to build our operations, infrastructure and capacity to support growth while we identify and develop additional revenue opportunities and sources.

The funding would also support the Executive Director and Director of Programming in their efforts to foster relationships with groups throughout Massachusetts seeking to partner with the Boston Bulldogs Running Club or interested in providing similar recovery, running and wellness programs.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 BBRC - 2022 Return, Client Copy (2) (1... .pdf

Organization's Operating Budget

 2024 Working Budget (6-14-24) - Shee... .pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

The Commission on the Status of Grandparents Raising Grandchildren of Massachusetts

Organization EIN

00-0000000

Year Incorporated

2008

Organization Address

600 Washington Street
Boston, Massachusetts, 02111

Are you a fiscally-sponsored project?

Yes

Name of Fiscal Agent

Massachusetts Grandparents Raising Grandchildren, Inc.

Fiscal Agent's EIN

00-1416396

Fiscal Agent's Organization Address

4 Richardson Drive
Millis, Massachusetts, 01054

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@mass.gov

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.

- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 675000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Statewide

Check the most relevant box along the continuum for your services or activities.

Trauma, Grief, and Family Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

Youth

Families

Older adults

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The mission of the Massachusetts Commission on the Status of Grandparents Raising Grandchildren is to foster unity, collaboration, and support among grandparents and other non-parental kin raising grandchildren, provide resources and connections to Commonwealth supports, and spotlight the unique needs of these family members to relevant state agencies.

2. Describe the services your organization provides or the activities it engages in?

The Commission's primary purpose is to serve as a "resource to the Commonwealth on issues affecting grandparents raising grandchildren, and relatives, other than parents, raising kin."

Its main responsibilities include:

1. Creating unity between grandparents raising grandchildren through communities and organizations in the commonwealth.
2. Supporting cooperation and sharing of information.
3. Encouraging collaboration and joint activities.
4. Serving as a liaison between government and private interest groups with regard to the unique interest and concern of grandparents raising grandchildren.
5. Giving advice to executive and legislative bodies of the potential effect of proposed legislation on grandparents raising grandchildren, as the commission deems necessary and appropriate.
6. Identifying issues that grandparents and all relatives who are raising children face.

The Commission provides multiple opportunities and forums for grandparents across the state to connect with and learn from one another. We provide workshops, both virtual and in-person, and regional support groups facilitated by volunteers to bring grandparents together to discuss challenges and opportunities for growth and support.

Recently held workshops include:

Fostering Resilience

Responding to Trauma and Building Healthy Relationships
Kinship Family Dynamics
Understanding the Impact of Trauma on Children Ages 0-12 and, separately, on Children 12+
Talking to Children about Parental Substance Use and Addiction
Talking to Children About Grief and Loss
The Importance of Self-Care for Caregivers
Estate Planning for Grandparents Raising Grandchildren
The Impact of Social Media on Children

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

In Massachusetts, more than 30,000 grandparents are responsible for their grandchildren, either with or without the presence of a parent. Nearly one-third of these grandparents are responsible for grandchildren with no parent.

In 2019, the University of Massachusetts Medical School surveyed a total of 415 grandparents and other relatives raising children in Massachusetts without the presence of either birth parent. This study* found that:

1. Of the caregivers who received children from their daughter, 58% cited custodial arrangements due to opioid use, and 6% cited deaths from opioid use.
2. Of the caregivers who received children from their son, 35% cited custodial arrangements due to opioid use, and 8% cited deaths from opioid use.
3. Of the children cared for in custodial grandparent arrangements, 38% have been diagnosed with anxiety, 37% have been diagnosed with ADD or ADHD, and 32% have been diagnosed with Trauma or a stress-related disorder.

*University of Massachusetts Medical School, "Grandparents or Relative Caregivers Raising Children in Massachusetts Due to Parental Opioid Use," March 2019 .

As of December 2023, The Commission on Grandparents Raising Grandchildren counted 61 active support groups for members, serving hundreds of custodial grandparents from Springfield, MA, to Boston, MA.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

The Commission on the Status of Grandparents Raising Grandchildren has supported the formation of Spanish and Cape Verdean speaking support groups in Amherst, Dorchester, Fall River, Holyoke, and Jamaica Plain. The Commission also provides information and tip sheets for Grandparents in English, Spanish and Portuguese.

Further, to ensure accessibility, the Commission offers support groups both virtually and in-person, as well as offers all of its workshops virtually at multiple start times throughout the day and evening. This way, Commission members can engage and participate in supportive content and conversations whenever it's most convenient for them and their daily schedules.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The Commission spent its first year (2009-10) conducting a Learning Tour across the state, in order to identify the issues that were of most concern to grandparents and kin (Listening and Learning Tour). By using the feedback from that tour, a written report Listening Tour Report; and an article Grandparents raising Grandchildren, from toiling to spoiling were developed. Also as a result of these findings, the Commission created four sub-committees to further explore the most urgent issues and begin to make appropriate recommendations.

The sub-committees are instrumental in advocating for Grandparents Raising Grandchildren. The Support Group sub-committee meets quarterly with support group leaders to provide information and resources. The Legal sub-committee has successfully advocated for changes to DTA policy to provide better access to child care and the child only grant for grandparents raising grandchildren.

Although Commissioners chair working groups, there are many community members and organizations represented on these committees who have made generous contributions of time and ongoing support. As a result, we have made great progress moving forward on many initiatives that empower and educate grandparents about the choices that they have and the resources available to them. Much of this work is done by volunteers.

Further, The Commission also maintains an active Advisory Board, composed of volunteers whose mission is to provide input, feedback, and support to the Commission on a variety of important issues impacting kinship caregivers throughout Massachusetts. Advisory Board members include grandparents and relative caregivers, service providers, and other interested and invested community partners. https://www.massgrg.com/massgrg_2019/about-members.html

6. What steps has your organization taken to create a more inclusive work environment?

The Commission currently has two full-time staff members who coordinate the activities and operations of dozens of volunteers and hundreds of members across the state. The staff of the Commission is part of the Community and Family Engagement Team at the Department of Children and Families and participates in both voluntary and mandatory trainings annually that cover a variety of topics including DEI, supervisory trainings, working with volunteers, etc. Commissioners on the board are appointed by various appointing authorities. When a vacancy becomes available, the Commission makes recommendations to the appointing authority to appoint a person with either lived or professional experience, represents geographical diversity (urban, suburban, and rural communities), age and gender diversity, and well as ethnic and racial diversity.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our goal is to build a sustainable, scalable program that promotes trauma education, recovery strategies, support, and available resources for 30,000+ estimated custodial grandparents across Massachusetts.

We estimate that this work will take three calendar years to complete. At the end of this project, The Massachusetts Commission for Grandparents Raising Grandchildren aims to have increased the reach to custodial grandparents by 10X, who will have access to a new array of workshops, supports, and materials that help them work with their own trauma and recovery, as well as support recovery and resiliency with their grandchildren.

In late 2021, The Commission engaged Riverside Trauma Center to provide a series of educational workshops and discussions to inform custodial grandparents on the signs of trauma they might experience with the children they care for.

When surveyed on their grandchild's exposure to trauma, caregivers indicated that:

1. 28% of their grandchildren had experienced the death of a parent
2. 43% of their grandchildren had witnessed their parent's substance misuse
3. 43% of their grandchildren had witnessed violence
4. 43% of their grandchildren had suffered physical, verbal, or sexual abuse
5. 28% of their grandchildren had suffered neglect by their parent
6. 28% of their grandchildren had suffered from their parent's untreated mental health condition

In response to our early workshops, attendees indicated that:

1. 75% of attendees reported the information, strategies, and techniques to address trauma were helpful

2. 90% reported they had a better understanding of trauma/impact of trauma after participating in the workshops
3. 100% of respondents would recommend the workshop to another non-parental caregiver

In the years since our first programming series, we have continued to provide new content and opportunities for discussion to help meet the education and guidance needs of custodial grandparents, including enhanced programming on trauma in children in different ages and stages, understanding and responding to grief, trauma-informed support for group facilitators, resiliency and self-care best practices for non-parental caregivers, and more.

While results have been positive, the Massachusetts Commission for Grandparents Raising Grandchildren and Riverside are constrained by both budget and resources to:

1. Develop additional content and learning modules deemed critical by caregivers
2. Build the delivery mechanisms and guidance necessary to ensure a sustainable program
3. Scale this program effectively to reach the estimated 30,000+ grandparents and other caregivers across the Commonwealth

Through the potential grant provided by The Opioid Recovery and Remediation Trust Fund, The Massachusetts Commission for Grandparents Raising Grandchildren and Riverside will develop a comprehensive mental health and trauma curriculum and support mechanisms for caregivers, as well as a sustainable and scalable delivery model to bring the Commission's support to the tens of thousands of caregivers in the Commonwealth.

8. How will the funds help you achieve your goals?

The funds provided will allow us to achieve our goals by providing the financial resources necessary to partner with Riverside Trauma Center and other organizations to continue to develop curriculum, provide organizational support to Volunteers and members, as well as provide critical budget for staffing to welcome the inflow of new members and new initiatives.

The Commission plans to use Year 1 funds awarded to:

1. Hire a part-time Marketing Specialist who will assist in engaging with its statewide members to promote its programs and offer support paths to access resources. Estimated budget for Year 1: \$50,000
2. Deploy a funded marketing budget to aid in finding and connect members to resources. Estimated budget for Year 1: \$20,000
3. Fund the development and deployment of live, in-person Commission member events that promote hope, healing, and joy. Estimated budget for Year 1: \$10,000
4. Continue to deliver workshops designed and hosted by Riverside Trauma Center. Estimated budget for Year 1: \$25,000
5. Develop content designed to attract, engage, and welcome new potential custodial grandparents. Estimated budget for Year 1: \$40,000
6. Develop new substance-use related workshop content in partnership with Riverside Trauma Center. Estimated budget for Year 1: \$20,000
7. Provide virtual, individual self-care support to Group Facilitators and / or Commission members via Riverside Trauma Center. Estimated budget for Year 1: \$15,000
8. Support Program Administration costs, either from fiscal agent, Riverside Trauma Center, recruiting firms, or other partners we choose over the course of the first year. Estimated budget for Year 1: \$24,000

Funding requests for years 2 and 3 will continue to support this work, including the maintained employment of marketing personnel, partnership with Riverside Trauma Center, and other partners not yet

identified in this proposal.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



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Organization's Operating Budget



Copy of SFY24 0950-0030 (12).xls



Friday, June 7, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

The Cordial Eye Gallery and Artist Space Inc

Organization EIN

84-3685165

Annual Operating Budget

264700

Year Incorporated

2019

Organization Address

255 Main St, Unit B
Hyannis, Massachusetts, 02601

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@thecordialeye.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 225000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 5: Southeast

Check the most relevant box along the continuum for your services or activities.

Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The Cordial Eye is a community arts organization based in Hyannis that uses the arts to expand the definition of who belongs on Cape Cod and what it means to be a creative person here. Our programming centers historically-excluded communities (BIPOC, LGBTQ+, low-income, disabled).

2. Describe the services your organization provides or the activities it engages in?

The Cordial Eye (TCE) offers a variety of opportunities for engagement with the arts for our local community, all of which center historically-excluded communities. For community and recreational learners, we offer a suite of multidisciplinary community arts classes. Classes are offered for all ages, are taught by Teaching Artists from historically-excluded communities who have been trained in trauma-informed arts education, culturally inclusive curricula, and adaptive techniques for student with learning differences. For professional and aspiring professional artists, TCE offers a variety of opportunities for performance, exhibition, and other forms of expression, including public art and festivals. All of these opportunities center creators and narratives that are outside of the dominant cultural expressions on Cape Cod. TCE also provides a paid 5-month fellowship program for adults between the ages of 18 and 40 who have faced barriers to working within the Creative Economy. This program prioritizes historically-excluded community members and those with a history of justice involvement.

Other programs include one-off workshops, community social events, provision of collaborative workspace, and camp programs. TCE's work strives to create community "third spaces," which provide safe and accessible opportunities for gathering and social connection. Informed by the Barnstable County 2024 Coordinated Community Care Plan, these initiatives are a powerful protective and preventative action for youth and young adults on Cape Cod, who face extreme vulnerability to substance abuse, mental illness, insecure housing, and decreased wellbeing. This vulnerability is due to various political forces at play in the region, as well as an underinvestment in community resources for youth and young adults. TCE was founded in response to observing the flight/death/preventable illness afflicting youth and young adults on Cape Cod, especially due to the social determinants of health.

TCE is a founder and member of The Arts & Justice Collective, a cross-sectorial partnership between TCE, Belonging Books (a BIPOC-centered bookseller and community program provider), and Amplify POC Cape Cod (nonprofit dedicated to closing the racial wealth gap on Cape Cod). Working together to share resources and multiply impact, The Collective creates places of joy, rest, celebration, and action for historically excluded communities on Cape Cod. Our work has included a series of monthly "House Parties" (Black Excellence Showcase, You Are Not Too Much art exhibition, Lunar New Year celebration) and is in the process of planning our second annual Arts & Justice Festival- a multi-day celebration of less-represented cultures on Cape Cod and joyful interrogation of whose narratives are centered in our community.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our priority populations are diverse, but most share the experience of identifying as members of historically-excluded communities. Our programs are designed in response to ways that these community members have expressed experiencing barriers to access. Our youth students are served both during out-of-school hours (extracurricular classes, summer camps, paid internships for teens) and during in-school programs (we provide artist residency programs in several different local schools). Our adult constituents are most often younger adults, below the age of 40, and consistently report feelings of loneliness, economic immobility, and disenfranchisement, which in turn lead to many negative impacts on their wellbeing (impacts expressed have included: severe mental health struggles, including suicidal ideation and attempts, substance abuse, feeling hopeless about the prospect of continuing to live/work on Cape Cod). Conversely, many of the adults associated with TCE's programming have reported that participation with our organization has instilled feelings of renewed hopefulness about life, has facilitated local friendships with peers (sometimes for the first time!), has provided a pathway to engagement with creativity (whether professionally or recreationally), have provided support in staying sober, and several have indicated that their relationships with TCE have literally meant the difference between choosing life or death.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

TCE seeks to make programs radically accessible in a variety of ways. Example of this include:

- Universally subsidizing the costs of tuition-based programs at a minimum of 50% of cost. Automatic additional discounts are offered to students receiving WIC/EBT/ConnectorCare
- Programs are designed to accommodate those with diverse learning needs and/or disabilities
- Selected classes are offered by multilingual instructors
- Applications and informational materials are translated into multiple languages (primarily English/Spanish/Portuguese) and designed for varying educational levels.
- Programs are delivered by Teaching Artists and practitioners that identify as members of historically-excluded communities. Having representative leadership creates a culture of safety and comfort for community members that identify similarly.
- Professional development programs provide compensation for participants, in order to make continued learning accessible for those who do not have the privilege of unpaid time to put towards their education.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Our programs are created by, for, and with members of historically excluded communities. All the staff and leadership of The Cordial Eye identify as members of at least one such community; we also seek continued feedback and leadership from community members who are not on staff at TCE, but bring important lived experience to the formation and design of our programs. Programs conclude with surveys and informational interviews, in order to gather relevant feedback from those who have participated.

TCE also conducted a feasibility study in 2022, seeking to understand the needs of families, youth, community learners, and professional artists, vis-a-vis community arts offerings and the barriers to access. This study continues to inform the development and delivery of programs and resources.

6. What steps has your organization taken to create a more inclusive work environment?

As previously stated, all of TCE's Board and Staff identify as members of historically-excluded communities. We work intentionally to understand the characteristics of White Supremacy Culture and other systems of oppression, to understand the ways that our organization and individual staff members benefit/uphold such systems, and design policies and procedures that actively divest from those systems. Some example of this include:

- A divestment from power hoarding by operating with a Co-Executive Director model.
- A divestment from perfectionism by creating space for mistakes and learning, as well as devising internal processes for accountability, when harm has been caused.
- A divestment from ableism by valuing multiple forms of communication and ways of getting our work accomplished, that accommodate neurodiversity and diverse learning needs.
- A divestment from individualism by always prioritizing the wellbeing of our full staff and full community, rather than single individuals/our own organization. We work generously and collaboratively with partner organizations, always embracing a paradigm of resource-sharing.
- Our work environment embraces learning and seeks to accommodate staff who may have been denied access to formal education and job training. We make space for on-the-job learning and meaningful supervisory support.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Launch Creative Care- a suite of arts therapy and therapy-infused offerings for the full community (adults and children), including classes and support groups that serve those in active substance abuse/recovery, unhoused community members, those living with mental health conditions, and those recovering from trauma.
2. Establish Equitable Compensation for Staff: TCE currently employs two Co-Executive Directors, who have worked largely on a volunteer/project based basis since 2019. We are working to develop sufficient funding resources to compensate these staff members on a regular and predictable basis.
3. Expand Administrative Staff: At minimum, over the next 3 years, TCE plans to add a part time Administrative Coordinator, a part time Marketing Coordinator, and a part time Development Assistant.
4. Activate Sustainable Fundraising Strategy: TCE Board and Staff have been working to develop a fundraising strategy that more actively stewards individual donors and expands our capacity to receive grant funds. This strategy is in the beginning stages of its deployment.

8. How will the funds help you achieve your goals?

Funding will help TCE to achieve its goals in several ways. Having access to significant and multi-year unrestricted operational funds will enable administrative staff to be compensated on a more regular basis, as well as free up the resource of time to focus on program development/delivery and fundraising (rather than scrambling to cover the monthly rent, for example). This operational support will, in turn, enable us to bring in the resources necessary to grow our capacity, sustain our current work, and expand our programs in the ways that our community requests.

This funding will also support some direct costs of our Creative Care program, currently under

development, including the contracting of several part-time expressive arts therapists to lead and train Teaching Artists in this work, as well covering materials costs and some of our community groups. These funds will assist with providing training to Teaching Artists with relevant lived experience, including those who are in recovery from substance abuse, who have experienced homelessness, and those who live with mental illness. This program will directly center the needs of many community members in need, including those in active substance abuse or at some point in the recovery process.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



2023 Cordial Eye Financial Statement... .pdf

Organization's Operating Budget



TCE 23-24 Budget - Sheet1.pdf



Wednesday, June 12, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

The Life After Prison Inc

Organization EIN

92-2981120

Annual Operating Budget

886,000

Year Incorporated

2023

Organization Address

26 Grant Street
Taunton, Massachusetts, 02780

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@gmail.com

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 288000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 6: Boston area

Check the most relevant box along the continuum for your services or activities.

Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Our mission is to empower individuals impacted by incarceration through comprehensive reentry support services. We strive to break the cycle of recidivism by providing resources, guidance, and opportunities that promote successful reintegration into society.

2. Describe the services your organization provides or the activities it engages in?

We help our clients develop a successful blue print through mentorship, our programs, workshops and events. We offer:

- One on one consultation
- Coaching and mentoring
- Health and wellness screenings
- Behavioral and mental health services

- Recovery and addiction support
- Housing opportunities
- Expungement Clinics
- Family support
- Parent counseling
- Career planning
- Personalized improvement plans
- Education in business and technology
- The My Successful Blueprint (MSB)

We also strive to raise public awareness surrounding incarceration and share recommendations to government officials on how to improve the reentry process. This is done through our interviews on college radio, our podcast, blogs and newsletter.

In addition to this we host a series of support groups, open forums, conferences, training workshops and events; in effort to decrease the recidivism rate, poverty levels and bridge the gap between loved ones and the criminal justice system.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

We prioritize our services for returning citizens in high risk communities. These individuals face unique challenges with reintegrating into society and overcoming addiction is a huge barrier.

According to the National Institute on Drug Abuse (NIDA), approximately 65% of incarcerated individuals meet the criteria for substance use disorders.

We have a total of 157 members; 80% of which are currently using or have had prior contact with drugs and/or drug convictions.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Our case management team provides a strength-based assessment of those seeking help through our intake process. Blue prints are developed based off their personal needs and goals to provide every participant the best supportive services possible.

Our staff members are trained in diversity and inclusion and complete mandatory training to develop cultural competency, sensitivity and awareness, ensuring that we can meet the unique needs of individuals from diverse backgrounds.

We take pride in making sure that our services and programs are easily accessible and equitable to all community members by doing the following:

- Actively engaging in outreach efforts to raise awareness about our programs and services within the community.
- Providing our intake form in numerous formats (electronically, PDF fillable form and hardcopy).

- Allowing clients the option to reach out to us through direct messaging, email or our 24/365 help line.
- Members from our team are fluent in English, Spanish, Creole and French.
- 20% of our board is LGBTQ, 50% have lived experience and 50% are loved ones of formerly incarcerated individuals.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The Life After Prison believes in the importance of centering the voices and experiences of the people we serve. We strive to create programs and services that are responsive, inclusive, and reflective of their voices and experiences by doing the following:

- We listen to learn.
- We assess the results we receive through our pre and post assessments, evaluations and surveys and incorporate them into our practices.
- We involve the individuals we serve in the co-creation and development of programs and services recognizing our clients as valuable assets in designing initiatives that address their specific needs and challenges.
- We encourage peer-to-peer support among the individuals we serve, creating spaces where they can share their experiences, insights, and expertise with each other. This helps to build a sense of community and ensures that their voices are heard and valued.

6. What steps has your organization taken to create a more inclusive work environment?

The Life After Prison is committed to creating a more inclusive work environment by taking the following steps:

- We provide DEI training to all staff members to increase awareness and understanding of issues related to diversity, equity, and inclusion. This training helps foster a more inclusive and respectful work culture by promoting empathy, cultural competence, and the ability to recognize and challenge biases.
- We actively seek to hire a diverse staff that represents a variety of backgrounds, perspectives, and experiences. We recognize the importance of having a team that reflects the communities we serve. This includes actively recruiting individuals from different racial and ethnic backgrounds, as well as individuals who speak multiple languages.
- We prioritize language accessibility by hiring staff members who are fluent in multiple languages. This helps us ensure effective communication and engagement with individuals who may have limited English proficiency.
- We have implemented inclusive policies and practices that promote equal opportunities, respect, and fairness for all staff members. This includes policies that address discrimination, harassment, and bias, as well as policies that support work-life balance and accommodations for individuals with disabilities.
- We regularly evaluate our work environment and practices to identify areas for improvement. We seek feedback from staff members to ensure that their voices are heard and that we can address any concerns or challenges that may arise.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our top five goals for the next three years are:

- 1. Expand our programs and services to reach a larger population of individuals who have been impacted by substance abuse and incarceration. This includes developing new initiatives that address the various needs and challenges faced by those who inhibited substance abuse and those transitioning from prison to society who have a history of substance use.
- 2. Strengthen our community partnerships. We recognize the power of collaboration and community partnerships in achieving our mission. Our goal is to strengthen existing partnerships and establish new ones with organizations, government agencies, and community leaders. By working together, we can leverage resources, share expertise, and maximize our impact in supporting individuals with post-incarceration.
- 3. Increase public awareness and education about the challenges faced by individuals after prison. Our primary focus is education surrounding mental health, substance abuse and gun violence. We aim to dispel stigmas, challenge stereotypes, and promote empathy and understanding. By raising awareness, we can foster a more compassionate society that supports and embraces individuals as they rebuild their lives.
- 4. Seeking more financial stability to do the work we love and to keep the team we have on board. By ensuring our long-term viability, we can continue to deliver impactful programs and services to those in need.
- 5. Partnership with your team at RIZE to help end the overdose crisis, clean up our community and help our members live a safe drug free lifestyle.

8. How will the funds help you achieve your goals?

Funding will:

- Support our comprehensive harm reduction program. A program that will focus on minimizing the negative consequences of substance abuse while acknowledging the realities and challenges that individuals face.
- Enable us to hire qualified part-time harm reduction coaches, facilitators and additional staff to assist with programing and servicing specifically designed for individuals with substance abuse.
- Provide individualized support and counseling to program participants. Counselors will work closely with individuals in substance abuse, understanding their unique circumstances, and offering guidance and strategies to reduce harm.
- Contribute to the implementation of group sessions and peer support activities within the harm reduction program this includes conducting outreach and educational initiatives, workshops, community events, and awareness campaigns to educate the public about harm reduction principles and strategies.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 P&L Jan-May 2024_LAP 06.12.24.pdf

Organization's Operating Budget

 LAP FY 24 Annual Budget.pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	The Naloxone Project
Organization EIN	88-0883760
Year Incorporated	2022
Organization Address	130 Carlisle street Newton, Massachusetts, 02459
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	massachusetts@naloxoneproject.com
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name	
Email	@naloxoneproject.com
Title	
Preferred Pronouns	she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Statewide

Check the most relevant box along the continuum for your services or activities. Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Older adults

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

The Naloxone Project (TNP) is a clinician-led nonprofit rooted in compassionate and patient-centric care toward those living with addiction or at-risk of overdose. We seek to remove stigma and reimagine the response to the opioid crisis in the United States, starting with equitable access to the overdose-reversal medication, naloxone.

2. Describe the services your organization provides or the activities it engages in?

Our organization is building an evidence-based and humane response to the opioid crisis through the distribution of naloxone in medical spaces. We strengthen medical and emergency response systems, use policy advocacy to change practice, and raise awareness in communities. Our organization works toward a future where no one dies from opioid overdose and where stigma surrounding addiction and naloxone is eliminated.

TNP works with hospitals, clinics, and first responders to identify those at-risk of overdose and hand naloxone directly to them. We work with policy makers to reduce regulatory and financial barriers to

facilitate equitable access of naloxone. Our community outreach raises awareness and educates the public to build understanding and correct misconceptions.

TNP specializes in clinician and healthcare worker education and stigma reduction. We train emergency department (ED), Labor & Delivery (L&D), emergency medical services (EMS) and other clinical staff on how to identify people at risk of overdose and place naloxone in their hands prior to their departure from the hospital. Through peer interactions and education, we work closely with healthcare providers to facilitate the blending of harm reduction tools and naloxone into the treatment and care of patients living with addiction. TNP has done work across the full spectrum of healthcare from rural to urban, and creating systems that are equitable and effective.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

TNP strategically prioritizes at-risk populations through EDs, L&D units, and EMS to ensure those most vulnerable receive timely interventions. We have specifically chosen these care areas as they effectively reach underserved populations and advance health equity.

EDs serve as a crucial touchpoint for overdose prevention due to their high patient volume and the frequency of substance use disorder (SUD) and opioid-related emergencies. Based on the calculations of TNP's Overdose Risk in the ED Report, Massachusetts hospitals had 139,301 annual visits of patients at risk of overdose. Of those, 331 were perinatal patients, 1,447 were adolescents and 59,049 were people of color. TNP seeks to develop ED interventions that specifically serve these patients.

In terms of L&D units, the leading cause of pregnancy-associated death in Massachusetts is overdose, accounting for 43% of maternal deaths. TNP's Maternal Overdose Matters (MOM) Initiative is tailored to provide support to families at risk of overdose and promote maternal, neonatal and family health. Our proactive approach addresses stigma in perinatal spaces, ensuring that pregnant persons and families receive resources to mitigate the risks associated with substance use.

First responders and EMS are a significant connection between medical care and community. The Massachusetts EMS Regional Opioid Related Incident Dashboard highlights the importance of EMS in responding to overdose and administering naloxone. Massachusetts has been proactive regarding implementation of naloxone leave-behind protocols. TNP plans to partner with EMS, increasing the number and quality of leave-behind programs and providing data on effectiveness of these interventions in closing healthcare gaps.

TNP addresses health inequities in all our programs by ensuring that naloxone reaches those who might otherwise lack access to this critical medication. This targeted, clinical approach not only saves lives but also drives health equity by bridging gaps in care for marginalized and underserved populations.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

TNP is committed to providing programs that are accessible, effective and equitable. Our programs collaborate with medical spaces with federal and state laws that ensure equal access to healthcare. For instance, all of our ED partners comply with EMTALA and see every patient that presents to their doors. Likewise, birthing hospitals admit and deliver any pregnant person. EMS crews respond to all 911 calls. Our partnership with medical organizations that provide equal access is the first example of how our programs are made to benefit the entire community.

Beyond the inherent access that medical spaces provide, TNP makes a commitment to provide overdose education in multiple languages that reflect the diverse populations of the communities we serve. All our overdose and naloxone educational videos exist in English and Spanish. We have developed other instructional materials in our EMS pilots in over 5 additional languages, to meet the diverse needs of our communities.

In states where we have programs, TNP emphasizes the importance of local leadership and staffing. TNP demonstrates this commitment by partnering with local Chairs of our state chapters, and when funding is available, hiring local staff who can partner with national staff across the country to problem solve and collaborate. In Massachusetts, Dr. Scott Weiner, Emergency and Addiction Medicine physician at Brigham and Women's Hospital, serves as our Massachusetts chapter Chair.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We are deeply committed to ensuring that the voices of the people we serve inform our programs and services.

Focus Groups and Surveys: TNP worked with the Aurora Research Institute (ARI) to understand the baseline and evolving relationships of the substance use community with first responders, as TNP rolls out the Denver First Responder Naloxone Pilot's stigma training intervention. ARI worked with the Denver Harm Reduction Action Center (HRAC) to gain accounts and narratives of experiences with first responders. First-hand accounts and narratives help provide a human voice to people who use substances.

Community-Led Content: When launching our first-responder initiative, we curated a video that utilized the voices of individuals doing the work, individuals impacted by our services, and the direct leadership of TNP. This ensures that the stories and experiences of our community are at the forefront of our initiatives.

Inclusive Events Calendar: Our events calendar is strategically built to ensure no barriers to entry. This inclusive approach helps us reach a broader audience and ensures that everyone has the opportunity to participate.

Social Media Strategy: Our social media strategy is designed to showcase all walks of life, creating a more inclusive and representative narrative by highlighting diverse voices and stories.

Regular Feedback Mechanisms: We have established regular surveys and open forums, to gather input from the people we serve continuously. Ongoing dialogue helps us stay attuned to their needs and adapt our programs and services accordingly.

Collaborative Partnerships: We work closely with our hospital partners, community organizations, and other stakeholders to ensure that a wide range informs our initiatives of perspectives. This collaborative approach helps us create more effective and responsive programs.

By prioritizing these methods, we ensure that the voices of the people we serve are heard and actively shape the direction of our programs and services.

6. What steps has your organization taken to create a more inclusive work environment?

At The Naloxone Project (TNP), creating an inclusive work environment is a top priority. We have made significant strides in this area under the leadership of our Director of Development, who holds a Diversity Equity and Inclusion (DEI) Certification from the University of Chicago.

Our Director of Development has been an internal champion, spearheading initiatives that foster inclusivity and equity. We recently completed the first in a series of DEI trainings with Bridgeworks, a JEDI organization based in Southern Colorado. These training sessions educate our team on best practices for inclusivity and help us critically assess and improve our internal policies and procedures.

The training has provided us with a foundational understanding of DEI principles and practical tools to implement in our daily operations. This collective time together allows us to identify gaps and develop strategies to address them, ensuring that TNP is a welcoming and supportive environment for all employees. Through these ongoing efforts, we aim to create a workplace culture that values diversity, promotes equity, and fosters a sense of belonging for everyone.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

The Massachusetts Naloxone Project has the singular mission of creating an equitable and sustainable medical system that provides naloxone and saves lives. Every at-risk individual should be offered naloxone at any touch point in the system, and we must incorporate policies and procedures that facilitate naloxone distribution and create an enduring reimbursement model.

Our priority areas for the next three years are EDs, L&D units, and EMS agencies. EDs are a safety net for individuals experiencing overdose and other morbidity associated with substance use. L&D units are fundamental to protect the lives of new parents as overdose deaths in postpartum individuals have increased rapidly in recent years. EMS agencies reach into communities and often have knowledge of areas where at-risk individuals can be served. Engagement with medical systems offer an opportunity for meaningful contact with an individual, in which harm reduction techniques – including naloxone – should be discussed and encouraged. In addition, they foster relationships that may encourage treatment of OUD and recovery.

Specifically, we have the following goals:

- 1) Year One: Focus on the Emergency Department: We will work closely with 5 - 8 EDs in diverse regions around the state. To establish the intervention, we will leverage preexisting relationships through our chair's connection as an emergency physician in the Mass General Brigham system and experience as past president of the Massachusetts College of Emergency Medicine. After partnerships are forged, we will ascertain which hospital EDs already have naloxone distribution programs. For those that do, we will determine the structure of the programs, how they are funded, and what works well or needs improvement. For those that do not, we will work with hospital and pharmacy leaders to source naloxone and implement their program. We will share insights with other EDs, tracking progress and encouraging participation in ED take home programs.
- 2) Year Two: Focus on Labor & Delivery Units: We will apply lessons learned in Year One and work with the Massachusetts chapter of the American College of Obstetricians and Gynecologists to identify a pilot cohort of 5 - 8 L&D units that are eager to implement naloxone distribution programs. We will help develop policies, toolkits and develop training for each hospital. We will initiate distribution and track success. In addition, we will continue to advance work in the ED space.
- 3) Year Three: Focus on Prehospital Care: Through collaboration with Massachusetts ACEP and EMS partners, we will identify and work with 5 - 8 EMS agencies. Helping develop protocols, implement training, source naloxone and begin EMS leave behind programs. We will seek to target high need areas, and partner with local treatment and harm reduction organizations.
- 4) Advocacy/Partnership: We will continue our collaborations with the Massachusetts Health & Hospital Association and the Bureau of Substance Addiction Services to explore sustainability of the programs by either insurer policy changes that will allow hospitals to be reimbursed for naloxone dispensation, or through purchase and distribution of naloxone in bulk at the state level.

8. How will the funds help you achieve your goals?

Funds provided through this grant will help pay for the professional staff needed to recruit hospitals, train on naloxone distribution, provide technical assistance and measure program success.

The Massachusetts Naloxone Project (MNP) is supported by Dr. Scott Weiner, local volunteers, and TNP staff who are located out of state. We began our intervention with EDs in the state, and now about 50% of EDs are dispensing naloxone to at-risk patients. With the catalyst of this grant funding, we will be able to invest in hiring a local Massachusetts staff member, who can significantly augment our efforts providing greater in person services and local knowledge. Additionally, some of our funding will be used to buy down Dr. Weiner's time from his academic institution, allowing him to spend more time working for the MNP and advancing its mission. To have both a local staff member, and a leading physician will provide the MNP with a foundation of success. This funding will be braided with other funding secured through TNP donations and grant efforts.

The staff that are paid for with this grant will perform the following duties, including but not limited to:

- Establishing connections with hospitals, recruiting to build naloxone distribution programs.
- Conducting staff trainings of stigma, overdose risk recognition, motivational interviewing, naloxone distribution and overdose education.
- Creating tools and patient facing documents to help advance and augment healthcare naloxone distribution programs
- Organizing and scheduling monthly stakeholder meetings.
- Data collection and evaluation regarding naloxone distribution programs and their success and challenges.

We do not anticipate the need to use any funds for the purchase of naloxone, we have established relationships with organizations for donated medications. However, if that source becomes unreliable, we may need to purchase a modest number of naloxone doses to start each hospital's program.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



New Logo Audit - Naloxone Project fn... .pdf

Organization's Operating Budget

 Massachusetts Naloxone Project An... .docx



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

The Psychological Center

Organization EIN

23-7185825

Year Incorporated

1971

Organization Address

11 Union St.
Lawrence, Massachusetts, 01840

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@psychologicalcenter.com

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Statewide

Check the most relevant box along the continuum for your services or activities. Treatment

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Youth

Veterans Older adults Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

To empower people to reclaim their lives by providing substance abuse education & treatment, recovery support services, mental health counseling, safe shelter, and life skills for a future filled with promise.

2. Describe the services your organization provides or the activities it engages in?

The Psychological Center, Inc. (TPC) is a nonprofit agency with a long history of serving the Greater Lawrence community. Our mission is to provide quality and compassionate services designed for flexibility and growth, addressing the needs of individuals struggling with substance abuse, mental health issues, and homelessness. We offer a wide range of services through three comprehensive programs: Daybreak Shelter, Pegasus House, and Women's View.

Daybreak Shelter, an emergency shelter operating 24 hours a day, 365 days a year, provides a safe haven for individuals over the age of 18. The shelter includes a rapid re-housing program, street outreach, and emergency shelter services. Our rapid re-housing initiative aims to move individuals from homelessness to

permanent housing as quickly as possible. We offer rental assistance, utility payments, and housing stability case management to support this transition. The street outreach component connects unsheltered individuals to emergency shelters, critical services, and urgent non-facility-based care. Daybreak Shelter's emergency shelter services encompass triage, substance abuse stabilization, and educational support. We are committed to trauma-informed care and opioid overdose prevention, ensuring that our clients receive comprehensive and compassionate assistance tailored to their needs.

Pegasus House is a residential treatment program for females aged 18-25 (and 16-17 with a waiver) dealing with alcohol, opioid, and other drug addictions. This program offers a structured and safe environment that promotes recovery, self-help skills, and pro-social activities. The program is tailored to address the unique developmental and cultural needs of young adults, supporting them in overcoming obstacles that hinder their ability to live successfully in the community. Pegasus House emphasizes family involvement, utilizing the Stages of Change Model and Motivational Interviewing, and offers medicated assisted treatment (MAT) options. The comprehensive treatment approach includes individual and group counseling, educational groups, and daily activities designed to facilitate recovery and community interaction.

Women's View serves women aged 25 and older who are recovering from drug or alcohol addiction. This residential program provides a stable and nurturing structure, teaching residents how to balance life issues while maintaining sobriety. Women's View focuses on helping clients reintegrate into the community by developing life skills, coping mechanisms, and a sober support network. The program offers 24/7 support, individual case management, therapy referrals, and educational groups. Women's View also prioritizes family reunification, working closely with agencies like the Massachusetts Department of Children and Families to support mother-child relationships and ensure a continuum of care post-program.

The Psychological Center's programs assist clients in achieving individualized goals, provide education on relapse prevention, and focus on successful transitions from the program. Our continuum of care includes assistance in obtaining health care, skill-building for recovery, life skills training for a healthy future, and aftercare planning. By addressing the complex needs of our clients, TPC guides them from early recovery stages to independence and self-sufficiency. We are recognized as a premier provider of services in the Merrimack Valley, helping individuals achieve recovery with respect and without stigma.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

People with Lived or Living Experience (PWLLE) with Substance Misuse and/or Recovery: These individuals come from diverse backgrounds and face challenges related to addiction and recovery. Many have experienced trauma, mental health issues, and social stigma. Our programs, such as Daybreak Shelter, Pegasus House, and Women's View, provide tailored support, including substance abuse stabilization, relapse prevention education, and comprehensive case management. We aim to offer hope and empower individuals to achieve long-term recovery and a healthier, more meaningful future.

People Experiencing Homelessness or Housing Insecurity: Homelessness and housing insecurity are critical issues for our clients. Many are adults over the age of 18 who seek immediate shelter and assistance. Through Daybreak Shelter, we provide 24/7 emergency shelter services, a rapid re-housing program, and street outreach team. These services aim to transition individuals from homelessness to permanent housing swiftly, offering support such as rental assistance, utility payments, and housing stability case management. Our commitment to trauma-informed care and opioid overdose prevention ensures that our clients receive compassionate and comprehensive support.

Transitional Age Youth and Young Adults (TAYYA): This demographic faces unique challenges as they transition from adolescence to adulthood. Many of these young adults struggle with substance use, mental health issues, and the pressures of establishing independence. Pegasus House, one of our flagship programs, specifically caters to TAYYA, providing a safe and structured environment for recovery and personal development. The program includes individualized treatment plans, family involvement, education and employment skill development, and aftercare planning. By addressing the specific developmental needs and cultural identities of these young adults, Pegasus House helps them build a foundation for a successful and healthy future.

The Psychological Center aims to create lasting positive change in the lives of those who are often marginalized and underserved, fostering a community where everyone has the opportunity to thrive.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

We are deeply committed to ensuring that our programs and services are accessible and equitable to all community members, regardless of their background or circumstances. Our approach to achieving this goal includes several key strategies:

Inclusive Program Design: We design our programs to be flexible and adaptive to meet the diverse needs of our clients. This includes culturally relevant treatment approaches that respect and incorporate clients' cultural practices and beliefs. For example, our programs integrate culturally appropriate methods for substance abuse treatment, mental health support, and trauma-informed care.

Community Engagement: We actively engage with the communities we serve to understand their needs better and to build trust. This includes regular consultations with community leaders, participation in community events, and the inclusion of community feedback in program development. By maintaining a strong presence and open dialogue in the community, we ensure our services remain relevant and responsive to the evolving needs of our clients.

Language Accessibility: Recognizing the diverse linguistic backgrounds of our community members, we prioritize language accessibility. Approximately 90% of our staff are fluent in Spanish, ensuring that Spanish-speaking individuals can easily access our services. Additionally, we have resources available for Haitian/Creole speakers, comprising 5% of our staff, and English speakers, also representing 5% of our team. This linguistic diversity allows us to effectively communicate with and serve individuals from various language backgrounds.

Cultural Competence: Our staff and program directors not only speak the languages of our clients but also understand their cultural contexts. Many of our team members have lived experiences with substance misuse, mental health challenges, and trauma similar to those faced by our clients. This personal insight fosters a deeper empathy and connection, ensuring our services are delivered with sensitivity and respect for cultural differences.

Financial Accessibility: We recognize that financial constraints can present significant barriers to accessing mental health and substance abuse services. To address this challenge, we prioritize fundraising and actively seek grant support to cover costs that clients may not be able to afford. This approach allows us to offer our programs and services to individuals regardless of their financial situation, ensuring that everyone in our community has the opportunity to receive the support they need.

Trauma-Informed Care: Many of our clients have experienced trauma, which can impact their ability to access and engage with services. Our staff members, many of whom have lived experience with trauma, are trained in trauma-informed care principles. This approach ensures that we create a safe and supportive environment for our clients, where their past experiences are acknowledged and respected.

Continuous Training and Education: We invest in ongoing training for our staff on DEI principles, cultural competence, and creating inclusive environments. This ensures that our team remains informed and equipped to serve our diverse clientele effectively.

Client-Centered Approach: We prioritize a client-centered approach, tailoring case management and treatment plans to meet the specific needs and goals of each individual. This personalized support respects clients' backgrounds and experiences, empowering them on their unique journeys.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Ensuring that the voices of the people we serve inform our programs and services is fundamental to our approach. We utilize various strategies to achieve this objective. This includes actively seeking feedback

from clients through surveys, feedback forms, and one-on-one discussions to gain insights into their experiences, preferences, and needs firsthand. Additionally, our staff regularly engage in check-ins with clients to gauge their satisfaction with services and pinpoint areas for improvement, fostering open communication and enabling clients to express their concerns and suggestions directly. We also facilitate community meetings and forums where community members can share their experiences and contribute input on programmatic initiatives, encouraging collaboration and empowering individuals to shape the services they receive. Moreover, our staff undergo cultural competence training to understand and respect the cultural backgrounds and perspectives of those we serve, fostering inclusive environments where clients feel comfortable expressing their views and concerns. Collaborating with community organizations and grassroots groups helps amplify the voices of marginalized and underrepresented populations, ensuring their unique needs and perspectives are reflected in our programs and services. Through these collaborative efforts, we integrate the voices of the people we serve into our decision-making processes, ensuring our programs remain responsive, relevant, and truly meet the diverse needs of our clientele.

6. What steps has your organization taken to create a more inclusive work environment?

Creating a more inclusive work environment is a priority for our organization, and we have implemented several steps to achieve this goal. First and foremost, we prioritize diversity in our hiring practices, actively seeking candidates from diverse backgrounds and communities to ensure our staff reflects the diversity of the populations we serve. Additionally, we provide cultural competence training for all staff members to enhance their understanding of different cultural perspectives and promote respectful interactions with clients and colleagues alike. We also encourage open communication and feedback among staff members, fostering an environment where diverse perspectives are valued and respected. We have also established employee resource groups to provide support and networking opportunities for staff members from underrepresented communities. These groups help promote a sense of belonging and inclusion within the organization. We regularly review and assess our policies and practices to identify and address any potential barriers to inclusion and diversity, ensuring that all staff members feel valued, respected, and supported in their roles.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our organization, The Psychological Center, has identified the following top three goals for the next three years to enhance and expand our services, particularly focusing on the Women's View program expansion:

Enhance and Expand Women's View Program: Our primary goal is to expand the Women's View program by successfully moving into the newly acquired property. This expansion will increase our capacity from 15 to 20 beds, allowing us to serve more women struggling with substance use disorder. We aim to enhance the program's infrastructure to provide a safe and nurturing environment, improve service delivery, and integrate more comprehensive support services such as advanced therapy options, additional life skills training, and extended medical care access.

Expand Daybreak Shelter: Our priority is to secure a larger building to accommodate more beds, specifically targeting individuals struggling with substance misuse and homelessness in our community. This expansion will allow us to meet the increasing demand for emergency shelter services tailored to those facing substance misuse challenges, providing a safe and supportive environment for their recovery journey.

Strengthen Daybreak Shelter's Street Outreach Program: To better support individuals grappling with substance misuse and homelessness, we are enhancing our street outreach efforts by adding a dedicated case manager to our team. This strategic addition will enable us to reach more unsheltered individuals, particularly those struggling with substance misuse, and connect them with emergency shelter, critical services, and urgent care. Through ongoing support and guidance, we aim to facilitate their transition out of homelessness and into recovery.

These goals reflect our commitment to empowering individuals, enhancing our services, and fostering a supportive and resilient community. Through strategic planning and collaborative efforts, we are dedicated to making a significant positive impact on the lives of those we serve.

8. How will the funds help you achieve your goals?

Securing the requested funds will play a pivotal role in achieving our organization's goals.

Enhance and Expand Women's View Program: The funds will primarily support the expansion of the Women's View Program by facilitating the move into the newly acquired property. This expansion will allow us to increase our bed capacity from 15 to 20, enabling us to serve more women struggling with substance use disorder. Additionally, the funding will be allocated towards enhancing the program's infrastructure to create a safe and nurturing environment conducive to recovery. We'll invest in improving service delivery by integrating comprehensive support services such as advanced therapy options, additional life skills training, and extended access to medical care. These enhancements will significantly improve our ability to address the complex needs of our clients and provide them with the resources necessary for successful recovery and reintegration into the community.

Expand Daybreak Shelter: A portion of the funds will be allocated towards securing a larger building for the Daybreak Shelter, allowing us to accommodate more beds and meet the increasing demand for emergency shelter services. This expansion is crucial, especially for individuals struggling with substance misuse and homelessness in our community. By providing a safe and supportive environment for their recovery journey, we aim to address their immediate needs while also offering resources and support to facilitate their transition towards stability and independence.

Strengthen Daybreak Shelter's Street Outreach Program: The funds will enable us to enhance our street outreach efforts by adding a dedicated case manager to our team. This strategic addition will significantly expand our capacity to reach and support unsheltered individuals, particularly those grappling with substance misuse. Through targeted outreach efforts, we'll connect them with emergency shelter, critical services, and urgent care, ultimately guiding them towards recovery and a path out of homelessness.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



2 tpc 6-2023 consolidating fin stmts.pdf

Organization's Operating Budget



FY24 TPC ALL BUDGET.xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	The RECOVER Project
Organization EIN	23-7450656
Year Incorporated	2003
Organization Address	68 Federal St Greenfield, Massachusetts, 01301
Are you a fiscally-sponsored project?	☒ Yes
Name of Fiscal Agent	Western Mass Training Consortium
Fiscal Agent's EIN	23-7450656
Fiscal Agent's Organization Address	187 High St, Suite 202 Holyoke, Massachusetts, 01040
Primary Contact Full Name	[REDACTED]
Primary Contact Email	[REDACTED]@wmtcinfo.org
Primary Contact Title	[REDACTED]
Primary Contact Preferred Pronouns	☒ she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.

- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 300000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 1: Western MA

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Families

Veterans

Older adults

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

We are a welcoming community that supports substance use recovery by sharing the wisdom of our lived experience. Create conditions for a safe environment. Seek to strengthen our community by encouraging full participation. Through advocacy and connection, we overcome barriers to the reality that recovery is possible for all.

2. Describe the services your organization provides or the activities it engages in?

Our vision is to create a net of recovery-informed organizations and individuals throughout Greenfield. This net will be ever widening, ever deepening, to allow for sustained recovery by removing barriers that exist via stigma, outdated social policies, antiquated healthcare practices, and commonplace ignorance. We carry hope, opportunity, and experience to anyone seeking help with our mantra: participate, grow, RECOVER!

The RECOVER Project provides trauma-informed supports based on the guiding principles that people can and do recover from alcohol and drug addiction and that competence and wisdom reside in those with lived experience. People at all points on the recovery continuum of care are offered the safe, respectful, space to develop healthy relationships, participate in a supportive community, develop new interests, attend alternative healing arts activities, practice new social skills, and hone unique talents. Members of the RP community find opportunities to both give and receive support through a variety of educational, volunteer, social, and skill building activities that help to overcome emotional and social isolation, develop strengths, build leadership capacity, and prevent returns to use.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

We currently have 134 active members and 703 footprints per month on average who participate in our offerings. Part of our organizational commitment is to address systems of oppression and work towards undoing the harms caused by them. As such we prioritize outreach and engagement with people living without homes, justice involved, LGBTQIA+, young adults, veterans, and BIPOC communities. We enjoy a wide diversity of participants. We host many affinity groups including those related to gender, age, and military status. Our All-Recovery Meetings (hosted 2 times daily) uses an open format which is accessible to a community of varying perspective on recovery and wellness. Our peer participatory process gives members a platform to celebrate and share their unique cultural and life experience. We have long standing partnerships with community organizations providing a further opportunity to engage with many diverse populations.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Through our peer participatory process, we have established a peer-led council tasked with monitoring and improving our center's ability to address the unique needs of everyone who participates in our programs. Staff and Peer Leaders are offered training opportunities to deepen their comprehension of the challenges encountered by individuals with diverse life experiences and to learn effective engagement strategies. We use Zoom and various technologies to communicate with individuals who are unable to visit the center or face language barriers. We recently employed a bilingual peer support staff member to foster an environment where our Spanish-speaking community can interact in their preferred language. We act as a Resource Broker, linking participants with essential community resources to advance their recovery and wellness. To counteract the severe isolation caused by the COVID-19 pandemic, we are reinstating our pre-pandemic initiative of Building Accessible Communities of Recovery (BACOR). Our extensive community engagement through Recovery Coaching, All Recovery meetings, outreach, events, tabling, trainings, post-overdose follow-ups, and partnerships allows us to share our mission, values, and values, ensuring we are accessible to provide support to those in need.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The Peer Participatory Process ensures that the voices of those with lived experience of addiction recovery are heard and respected, and that peers are involved at all levels of decision making about program, policy, and strategic planning. All aspects of the RP, including planning, implementing and evaluating recovery orientated projects and activities, are driven by peers. Peers help shape policies and procedures regarding the center's operation, such as computer policies, flow of information, and scheduling. Social activities, the calendar, and wellness activities are planned and implemented by peer volunteer committees. As an asset to the greater community, peers participate on community taskforces, panels and boards, volunteer at Franklin County community events, and speak at local and statewide conferences.

6. What steps has your organization taken to create a more inclusive work environment?

At The RECOVER Project, a key employment criterion is that candidates possess personal experience with substance use recovery. Our aim is to recruit from our member base, providing extra support and accommodating steeper learning curves for individuals from underrepresented groups in our workforce. We make employment decisions based on legitimate job requirements and consistently review our hiring

data to ensure our practices are effective. We welcome applications from those in oppressed groups. A CORI will not disqualify a candidate from consideration. Our hiring process incorporates affirmative action and a social justice perspective, expecting candidates to show a firm commitment to and understanding of social justice and anti-oppression values.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

The RECOVER Project extends its support to the entirety of Franklin County, the most rural county in Massachusetts, home to 72,000 people across almost 1,000 square miles. Due to the rural nature and despite the robust connections we've established throughout our county and state, we face logistical challenges in reaching everyone in need of our support services. Our objective is to diminish these barriers and connect with all 30 communities within Franklin County through our Building Accessible Community Of Recovery (BACOR) model that was developed through personal interviews and focus groups of those with lived experience of substance use and recovery.

1. All Recovery Meetings across Franklin County region- All Recovery Meetings are inclusive gatherings open to anyone in or seeking recovery, regardless of the recovery path they follow. These peer-led meetings offer participants the freedom to select discussion topics and share their personal recovery journeys.

2. Recovery Coaching available at our external All Recovery meetings - Our Recovery Coaches, in collaboration with Peer Members of The RECOVER Project, will be accessible after each meeting to facilitate resource connections and engage in vital discussions about harm reduction, trauma-informed interventions, and the development of pathways to services designed to assist community members in their recovery journey and overall health. The coaches will also offer ongoing one-on-one support for those who desire to maintain a connection.

3. Host Peer Led Grief and Loss Facilitation Trainings across Franklin County - The RECOVER Project, in partnership with other community organizations, has developed a Peer-Led Grief and Loss Circle Facilitation Training. We are dedicated to assisting anyone interested in learning how to lead a Peer-Led Grief and Loss Circle. Trainees will learn to respond to grief and loss effectively, using elements from the peer participatory model and the indigenous Circle Way approach. Recognizing the critical need for grief support in Franklin County, The RECOVER Project's facilitation training will enable communities throughout the county to provide direct support to those experiencing grief and loss. This will also create opportunities for sharing experiences, receiving peer support, and building resilience to positively integrate these experiences and move forward.

4. Host and coordinate educational panels and workshops led by peers across Franklin County - These are regularly scheduled community discussions and learning sessions aimed at diminishing stigma, fostering an understanding of recovery capital in everyday life, and addressing various topics pertinent to the recovery needs of the community.

8. How will the funds help you achieve your goals?

The funds will support our goals by supporting us to build capacity and deliver services to address urgent and emerging issues across Franklin County. To solidify our reach through our rural area we will need additional staffing and associated taxes, and fringe benefits, trainings for staff and peers doing outreach, transportation and mileage for county-wide travel, peer stipends to foster participation, materials for training and workshops, marketing materials, provisions for training sessions and workshops, outreach supplies, and gift cards to aid early recovery and to serve as incentives for workshop and training attendees.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



2023 WMTC Financial Statements final.pdf

Organization's Operating Budget



BSAS FY 24 Budget.xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

The Sun Will Rise Foundation

Organization EIN

81-4769204

Annual Operating Budget

111800

Year Incorporated

2016

Organization Address

541 Washington St
Braintree, Massachusetts, 02184

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@thesunwillrise.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

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- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Statewide

Check the most relevant box along the continuum for your services or activities.

Trauma, Grief, and Family Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Families

Veterans

Older adults

Immigrant communities

People bereaved due to substance use related causes

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The Sun Will Rise provides free peer grief support for people who have experienced the death of someone they care about due to substance use related causes. Not only from overdose, but also from suicide, homicide, accident, and medical complications. We are here to offer care, compassion, community and support.

2. Describe the services your organization provides or the activities it engages in?

To fulfill our mission, we provide a range of peer grief support services, including multiple monthly in-person and/or online peer grief support meetings, free monthly social get togethers, events and activities and private Facebook groups for peers, men and facilitators. The groups are open to anyone 18+. Some of these are specialty group meetings that include grieving grandparents groups, a men's-only group, a multiple loss group, a sibling group, an only child loss group, a partner/spouse loss group, a loss due to suicide, an LGBTQ+ group, young people and a people in recovery grief group. In-person meetings are currently being held in Bridgewater, Charlestown, Falmouth, Gloucester, Hanson, Kingston, Marlborough, Medford, Quincy, Taunton, West Barnstable, Weymouth Massachusetts and Portland Maine. We train individuals to become Peer Grief Group Facilitators, assist SADOD.org with training new Peer Grief Ally's to provide one-on-one peer support and we provide dedicated Peer Grief Support Specialists who work to connect people with resources and support without stigma or shame.

It's not exaggerating when we say we help people go on after the most devastating losses in their lives. People bereaved due to substance use face unique and difficult challenges that set their grief apart. One

of the main issues is stigma and judgment surrounding substance use deaths. Society often places blame on the deceased and families, which can lead to less sympathy and support. This stigma can also cause people to internalize blame, feeling as though they should have been able to prevent the substance use or death. The death might have been sudden and shocking, or it could have followed a prolonged period of fear and stress, making grieving even more difficult. Traditional support systems often fall short, lacking the understanding or resources to address the specific needs of grievers. The stigma and judgment from others can lead to withdrawal and loneliness and social isolation which reduces the person's support network. All these factors combined are the reason specific grief support for people bereaved due to substance use is needed and why we exist. We relate to the bereaved, letting them know they aren't alone, we invite them to tell their stories, we validate that their reactions are understandable, we empower them to see that they can find their way after loss and reassure them that grief is a lifelong process that doesn't need to be rushed. It's not just the person who participates in The Sun Will Rise offerings that benefits. When members are supported, they can be better parents, family members, community members. They are less likely to turn to substances to cope. A member, in long term recovery, whose son died due to overdose, said it so well, "I know I would not have survived this past year without The Sun Will Rise. You and your groups have become the foundation of my support network. I feel infinitesimally indebted to you and your organization. I'll not ever forget how helpful you've been to me and hence my family as well."

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our priority population is broad. Considering that for each of the last seven years over 2000 Massachusetts residents have died due to overdose, it is hard to find anyone, in any corner of Massachusetts, that has not been touched by this epidemic either personally or by association through a co-worker, friend or family member. We are attempting to connect with people all over Massachusetts and create groups in their locations and communities or specialized groups and other services that speak to what these specific populations need. The three newest meetings we are working on will be located in Dorchester, East Boston and Lynn. And will include a bilingual facilitator. One of our most successful connections with a priority population would be our grandparents group. These group members were desperate to receive support and understanding. Many of them are raising their grandchildren after the death of their own child due to substance use. They find connections with others who are dealing with similar struggles and support each other in a way that only peers can. If we have not reached the priority populations checked off yet, our goal is to connect with them this year. The number of support groups we offer has doubled in the last year from fifteen to thirty a month. The year before that we only had nine groups. Over fourteen hundred people have signed up to receive access to our groups, activities and events. We are in a huge growth phase. Getting funding for a director with the help of SADOD and moving from an all volunteer organization to one with sixty employee hours a week has allowed us to expand the support that is so needed in our communities. As we grow, our priority populations will be able to be reached, and supported.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

We genuinely care about making sure our programs and services are free, accessible and fair for everyone in our community. This isn't just a policy for us, it's something we're really passionate about. First, we spend a lot of time listening. We want to meet grievers where they are on their own unique grief journey. We talk to grieving community members to understand their needs and challenges. This feedback shapes everything we do, helping us create programs that truly make a difference in their lives. We offer groups and events in various locations throughout the state and online to make sure everyone can access them easily. As we expand, different locations will be targeted to have events in these communities.

Inclusivity is really important to us. Within the last three months we hired a person whose job is to engage with the community. Someone dedicated to expanding our reach to diverse populations. Since he started, we have set up potential next steps with multiple new partners in BIPOC and rural communities to help create peer grief support based on their needs.

We also believe in the power of partnerships. We work closely with local organizations, like SADOD, Team Sharing, The Family Restored, MOAR and others that share our commitment to equity. These

collaborations help us reach more people and provide better support, making our services even more effective.

We want to make sure every community member feels valued and supported. We know achieving true equity is a continuous journey, and we're committed to learning and improving every step of the way. We know we can not assume what any population needs for grief support and that is why we aim to work with diverse populations to create groups and support that is accessible and relevant to their needs. For us, it's all about making a real, heartfelt difference in the lives of those we serve.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We believe that people we serve should have a direct hand in shaping what we offer. We want to make sure that we act upon their feedback and requests. Every year we conduct a comprehensive survey that is available to all members, to find out what is working, what can be done better and what is missing. We form new grief groups and activities based on these surveys. We also make sure to run quick polls on our social media throughout the year to give people a real time voice. The responses have resulted in the formation of many of our support groups including a sibling group, LGBTQ+ group and most recently a young person (18-35) group. We have more than one member who started out attending groups and found them help so helpful and powerful that they wanted to offer it back to the community. We assist them to create a group that meets their visions. The partner/spouse group was one of these groups and the facilitator is so thankful we listened to her and her group is now out there helping so many people. We also adjust our training of peer facilitators based on feedback from our group members. It's about making sure we are meeting people's needs so they feel supported, cared about and they know their voices matter to us. All the people that work or volunteer with our organization have the lived experience of being bereaved due to substance use related causes. They know how important it is to not assume that we know what people need, but instead listen to and empower people to give voice to what is helpful for them. That's the power of peer grief support.

6. What steps has your organization taken to create a more inclusive work environment?

Creating a more inclusive work environment is something we care deeply about. All of our peer grief support group facilitators live in or near the communities where their meetings are held. This ensures that they truly understand the unique experiences and needs of the people they're supporting. It also helps build trust and a sense of connection within the group.

We're proud to have facilitators from diverse backgrounds, including LGBTQ+ individuals and people on the recovery spectrum. Their experiences and perspectives enrich our programs and make the programs more relatable and effective. As we grow and hold groups in different parts of the state and within different communities, we're committed to becoming even more diverse. This means actively seeking out and welcoming team members from different backgrounds and life experiences. We believe that a diverse team is a strong team, and we're always looking for ways to improve and evolve.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Hire Additional Staff to Support Growth and Provide Individual Support

Our goal is to hire three additional staff members—a Program Coordinator, an Individual Support Specialist, and a Marketing Specialist within the first eighteen months. These staff members will support the extensive growth and expansion of peer grief support groups and events, provide individual support and resources to the growing number of grieving individuals, and market our services. We will recruit through diverse channels, offer competitive salaries, and provide comprehensive training to ensure our new hires can effectively contribute to our mission.

2. Bring Facilitators and Groups to Underserved and Rural Communities

Our goal is to bring on facilitators and establish at least 10 new peer grief support groups in underserved

and rural communities within the next three years. We acknowledge the groups may look different than our current groups based on the needs of the community. We will focus on recruiting facilitators from these local communities to ensure diversity and representation. Comprehensive training, materials, and stipends will be provided to support these facilitators, addressing any barriers related to their location or background.

3. Bring Events and Activities for People Bereaved Due to Substance Use Related Causes to All Regions of Massachusetts

We aim to organize and host at least three bereavement events or activities in each of the five regions of Massachusetts (Western, Central, Northeastern, Southeastern, and Greater Boston) each year for the next three years. These events will be inclusive and welcoming, catering to diverse cultural practices and preferences. We will ensure accessibility by providing transportation assistance, translation services, and accommodations for individuals with disabilities.

4. Expand Our Board to Five Members

We aim to expand our board of directors to five members by recruiting and onboarding three new members within the next eighteen months. Our recruitment efforts will focus on attracting candidates from diverse backgrounds to ensure the board reflects the community we serve. We will develop a detailed recruitment plan, use inclusive and equitable practices, and provide comprehensive onboarding and training sessions.

8. How will the funds help you achieve your goals?

1. Hire Additional Staff to Support Growth and Provide Individual Support

The funds will help enable us to offer competitive salaries and provide comprehensive training for three new positions over the next three years. This will ensure our new hires are well-prepared to support the growth of our programs, provide individual support and resources to grieving individuals, and market our services effectively. We will also invest in resources and tools to support our staff, such as communication tools and professional development opportunities.

2. Bring Facilitators and Groups to Underserved and Rural Communities

The funds will support targeted outreach in underserved and rural communities, helping us identify and attract potential facilitators. Comprehensive training programs, including materials and workshops, will be funded to ensure facilitators are well-prepared. Stipends will be provided to cover expenses related to their roles, making it feasible for individuals to participate. The funds will also help us improve our support supervision system for facilitators.

3 Bring Events and Activities for People Bereaved Due to Substance Use Related Causes to All Regions of Massachusetts

The funds will help us plan activities for bereavement events in every region of Massachusetts. We will design and implement activities that cater to diverse cultural preferences, ensuring our events are inclusive and welcoming. Transportation assistance and accommodations for individuals with disabilities will be covered, ensuring that all bereaved individuals can participate fully.

4. Expand Our Board

The funds will allow us to allocate resources towards targeted outreach efforts, advertise in diverse community networks, and implement a thorough and equitable selection process. We will provide stipends for board members to cover expenses related to their roles, ensuring that participation is accessible to all. Comprehensive onboarding and training sessions will also be covered, helping new members integrate smoothly and contribute effectively.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Profit & Loss_001.pdf

Organization's Operating Budget



The Sun Will Rise Foundation - Budget... .pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Thomas Chew Memorial Boys & Girls Club (Boys & Girls Club of Fall River)

Organization EIN

04-2103923

Year Incorporated

1890

Organization Address

P.O. Box 5155, 803 Bedford Street
Fall River, Massachusetts, 02703

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@fallriverbgc.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which

equals \$135,000.

Total Requested Amount for Three Years 225000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 5: Southeast

Check the most relevant box along the continuum for your services or activities.

Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

Black, Indigenous, and other People of Color (BIPOC)

Youth

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

To enable youth to reach their full potential as responsible, caring, and productive citizens; providing a safe place to play, discover, learn, and serve; high school members graduating with skills and experiences for post-secondary work and life success; modeling responsible, caring, and productive behavior; and being stewards of public trust.

2. Describe the services your organization provides or the activities it engages in?

The Boys & Girls Club of Fall River (the Club) is the largest youth-serving Outside School Time provider in Fall River, serving 1,469 members in 2023. The Club focuses on delivering high quality programs for youth and teens ages 6-18 through mentoring and positive relationships with caring and highly trained Youth Development Professionals. The outcome-driven Club experience addresses social-emotional needs, food insecurity, and reduces educational gaps through high-yield activities and targeted programs. Evidence-based programs support Academic Success, Healthy Lifestyles, Good Character & Leadership, and Workforce Readiness. Successful outcomes in these priority areas are achieved by implementing the Five Key Elements for Positive Youth Development: (1) A safe positive environment – physically and emotionally, (2) supportive relationships with peers and adults, (3) fun – members want to come to the Club, (4) opportunities and expectations, and (5) recognition.

The Club embraces the vision that every child in greater Fall River should have a safe place where they can learn, play, and grow where caring adults guide, supervise, and lead them to adulthood. The Club fosters this nurturing environment, engaging programming, and recreational activity alongside caring mentors and peer to peer interactions. Thus, Club teens are more likely to abstain from health-risk behaviors like drinking alcohol, smoking, and vaping than their peers nationally and are more likely to graduate from high school than the Fall River youth population as a whole.

The Club's post-pandemic operating model provides added structure Monday through Friday from 3 p.m. to 8 p.m. Each day, youth must register for an academic success, health and prevention education, STEM, arts, technology, or recreational sports program. Their remaining supportive time provides freedom of choice to pursue interests and social recreation.

Over 20 programs are available to youth including these popular programs:

- * SMART Moves (Skills Mastery and Resilience Training) prevention and education programs addresses issues such as drug and alcohol use and premature sexual activity.
- * My.Future - activities to learn new skills, earn recognition badges, and share with peers
- * Science Club, Robo Tech, LEGO robotics - reinforce science/math skills
- * STEM Program - 3D printers, 3D pens

- * The Fine Arts Program - learn about fine arts and how to express themselves
- * Torch Club and Keystone Club - middle school and high school leadership groups
- * Music Makers – guitar lessons
- * Money Matters and Pathways to Careers - financial responsibility, career exploration and job readiness skills for teens
- * Red Cross Babysitting Certification
- * USPS Road Code – teaches teens safe driving
- * Triple Play daily fitness challenges
- * Swim Team, free swim, progressive swim lessons, Junior Lifeguarding
- * Making Proud Choices
- * Athletics - basketball, soccer, volleyball, cheerleading, athletic conditioning

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The Club serves 1,469 youth ages 6–18 who live in the Greater Fall River area. The Club has been steadily returning to pre-pandemic membership levels; 2023 included an increase of 401 youth and teens. Through outreach, membership drives, and open houses, the Club's goal is to reach a membership level of 1,700 youth by the end of this year. An additional 411 Fall River youth are served through community partnerships. In 2023, youth and teens self-identified as: male, female, transgender, and non-binary.

The Club serves members of all backgrounds such as those living in a single-parent household (45%) and receiving free lunch through the USDA (100%). According to Massachusetts Department of Early and Secondary Education, 86% of Fall River students are high needs and 78.5% are low-income. The Club's members represent the diversity of the city, self-reporting as: 19% Hispanic/Latinx, 13% Black or African American, 14% Two/More Races, 10% Other, and 44% White. At this time, the fastest growing population in this Gateway City is Spanish/Latinx. The Club is actively eliminating barriers often presented to underrepresented populations by creating a sense of belonging and continuously adapting programming to suit the needs of its members. While the Club does not track languages spoken at home, informal observation demonstrates that a large portion of the families that self-identify as Spanish and Latinx speak a language other than English at home. This year, the Club increased access and communication with youth and their families by having a Spanish speaking staff member available at the check-in/out desk nightly. In addition, the Club now provides member's families documentation in English and Spanish. Anecdotally, many families inform the Club that the Homework Help Program is critical to their child's success because the parents cannot speak English well enough to help.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Among Fall River's youth serving organizations, the Club is the only one that encourages youth to come directly after school, stay for dinner, and leave at 8 p.m., for an affordable \$25 annual membership fee. The Club is also unique in its accountability expectations which provide youth a sense of safety. Youth are held to high behavioral standards and rise to meet them under the Club's structure and staff leadership. The Club's guidance sets its members up for life-long success.

The Club is constantly increasing accessibility and adapting programs and resources to eliminate barriers to success. In 2023, the Club identified transportation as a significant obstacle for many families. Thus, the Club partnered with the Fall River Housing Authority to create a pilot program that provided transportation from four housing developments two times per week. The initial trial was successful with an average of 28 members utilizing this option. The Club has plans to hire a Membership Coordinator (more information below) who will be tasked with focusing community outreach to targeted high-risk neighborhoods. With the increase of membership in these areas, the Club anticipates more families in housing developments will see the benefit of registering their child to participate.

More than ever, the Club strives to meet the critical needs of youth by implementing a Trauma Informed approach to care. Mentors provide skills necessary to overcome challenging circumstances, regain pre-pandemic competencies, and become responsible and productive citizens. This approach supports social-emotional needs and addresses trauma, anxiety, depression, and other symptoms now prevalent among

youth.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The Club continuously seeks input from youth to ensure that their voices are heard and their recommendations are implemented. In fact, the 2023 Strategic Plan incorporated information gathered from teen interviews into the five year plan. Staff perform wellness checks throughout the afternoon and evening, allowing youth to create deeper bonds with staff members and thus, the Club has become a more nurturing and safer learning environment. Staff complete narratives for each program which includes the positive outcomes of the program, how the curriculum met the members' needs, what obstacles were encountered, and potential improvements for future sessions.

Youth and teens participate in the National Youth Outcomes Initiative survey (NYOI) which measures the Club's impact and assesses how effective it is in delivering a High Quality Club Experience. NYOI sets annual points of reflection and incorporates the entire experience and sense of belonging for members. 93% of members reported that staff care about them and that people at the Club accept them for who they are.

Additionally, teens participate in the CDC's Youth Risk Behavior Survey which monitors priority health behaviors and experiences among students across the country such as abstinence from unhealthy life decisions, binge drinking, cigarette smoking, and marijuana use. The 2023 NYOI survey demonstrated that 81% of teens nationwide avoided risky behavior while our Club's teens reported 82%. Furthermore, Club members reported feeling safe (92%), supported by adult connections (93%), and that they enjoy coming to the Club (90%). The Club carefully evaluates this data and utilizes it to adjust current programs, create new programs, and train staff. The Club is committed to Continuous Quality Improvement (CQI) and has internal Youth Program Quality Assessments (YPQA) completed at the beginning, middle, and end of program season. This YPQA then allows managers to create Club-wide training programs for staff.

6. What steps has your organization taken to create a more inclusive work environment?

The Club's board has established a commitment to Diversity Equity and Inclusion (DEI) and has adopted this guiding statement "We condemn any act of racism or discrimination and stand for safety, health, dignity, and equitable opportunity for all." Diversity is an agenda item at all board meetings. Additionally, there is a subcommittee whose role is to attract more diversity to the board. The most recent Board member addition identifies as a person of color and is a previous Club parent, thereby providing important insight on lived experiences from two perspectives to assist with organizational decisions.

Representation of the population the Club serves is reflected in staff demographics and is essential to creating a sense of belonging for members. Some members become part-time staff when they matriculate through high school and college, thereby aligning with the representing the youth demographics. At this time, of the five full-time Youth Development Professionals, one is male, four are female, three are Black, and two are white. Staff speak Spanish and Portuguese, embody cultural beliefs, and work with youth to embrace their heritage, all while developing meaningful relationships to support areas of growth and skills development. The Club strives to ensure youth feel welcome and connected to staff through representation. Comparatively to the city as a whole, staff identify as: 72% White (Fall River 70.5%), 13% Black or African American (Fall River 6.4%), 12% Hispanic/Latinx (Fall River 12%), 1% Asian (Fall River 2.7 %), and 2% Two/More Races (Fall River 10.5%).

Several of the Club's board members and staff identify as LGBTQ and assist in informing DEI practices at all levels. Within the Club, staff prompt DEI discussions with members through use of Inclusivity Bulletin Boards (Pride Month, Black History Month, Autism Awareness, Native American Heritage Month, Women's History Month).

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

In 2023, the Club developed a five-year strategic plan: Investing in our Future. Through this plan, the Club

has committed to four pillars of investment in Staff, Teens, The Community, and The Board. The Club's top four goals supported by this grant are:

1. The Club will become the employer of choice for highly qualified youth development professionals in the region. The Club will create a new staffing structure that better serves members, encourages employee engagement, and supports career development for all staff. The Club will promote professional development and opportunities for staff to become certified trainers. This will provide staff with increased career opportunities in the Boys & Girls Club of America movement. Additionally, with this higher level of training staff will be more equipped to train subordinates to enhance the quality of programs for youth.

2. The Club will become a leader for a more connected Fall River community around youth services. The Club will lead the conversation around the emerging needs of Fall River youth, particularly around transportation, and regularly engage in the community. The Club is actively seeking partnerships with Fall River agencies and the Fall River School Department to address the city's needs surrounding pre-kindergarten, safe outside school time activities for youth, and access to caring adults.

3. The Club will be Fall River teens first choice for outside school activities for a healthy, physical and emotional life and plans for life after high school including career and life skills building. The Club will increase dedicated spaces for teens, empower and enhance their ability to thrive as adults, and be seen as the local leader in teen workforce development. This summer, the Club will engage two AmeriCorp volunteers who will be tasked with creating workforce readiness opportunities and life skills programs for teens. Teens must abide by the Club's 100% drug-free environment with a no-tolerance policy. Any teen bringing any form of drug or alcohol, or participating in the misuse of lawful substances will be immediately removed from the Club for a period of one year.

4. The Club will continue to provide a safe place where youth can learn, play, and grow. The Club will adapt, create, and expand outcome-driven programs to provide youth and teens with resources to addresses social-emotional needs, food insecurity, and reducing educational gaps through high-yield activities.

8. How will the funds help you achieve your goals?

1. Hire a membership coordinator to expand community outreach, bringing membership levels closer to pre-pandemic levels, increase Teen Center membership, and connect with new families arriving to the city. Even with a 35% increase in 2023, there is opportunity for growth with a two-year goal of 2,000 members. The Club is also focused on promoting the benefits of regular Club attendance and participation.

2. Expand the Club's twice weekly transportation from targeted high-risk neighborhoods to five days per week, accommodating more youth and further eliminating a barrier to underserved populations. This opportunity also offers teens safe transportation home at the end of the day. More than doubling the fees for this program is an significant expense that cannot currently be met.

3. Increase the Club's SMART Moves programs which address self-esteem and abstinence from drug and alcohol use for youth and teens. Suspended due to pandemic modifications, SMART Moves will return for the fall Outside School Hours Programs and will include a new a social-emotional module. The Licensed After School Staff will be trained to provide SMART Moves to the youth who attend daily. Broadening delivery to different age groups through several cycles will positively affect youth and teens within the Clubhouse and foster healthy behavior choices when at home, school, and in their neighborhoods.

4. The Club is committed to serving a critical age group by expanding the Teen Center to provide opportunities for teens who have limited positive choices in the community to interact with peers and gain positive life-skills. Teens meet daily to review the rules and group agreements which include: Respect yourself – Be open minded, Respect Others – Be polite, and Respect the Club – Be considerate. Teens have a sense of safety and comfort in knowing that everyone must abide by these rules.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Boys & Girls Club of Fall River 2022 Au....pdf

Organization's Operating Budget



Boys and Girls Club of Fall River 2024pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Torch Light Recovery
Organization EIN	86-3865046
Year Incorporated	2022
Organization Address	2 Washington St. Boston, Massachusetts, 02121
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	@torchlightrecovery.org
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 6: Boston area

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Youth

Families Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

To provide compassionate, high quality and individualized peer recovery support services to the BIPOC community throughout Greater Boston. We are committed to helping people of color heal spiritually, mentally, and physically. To aim to be a beacon of light for humanity, leading people towards transformation.

2. Describe the services your organization provides or the activities it engages in?

As an organization that works primarily within the BIPOC community, we recognize the role that religious, spiritual and indigenous practices have played in helping people of color recover and heal. All our services are designed to meet the needs of the BIPOC community and save lives.

Coaching

As peer recovery coaches in long-term recovery, we walk side by side with individuals and families seeking recovery from substance use disorders. We support all recoveries, recognizing that there are infinite pathways of recovery. We help recoveries identify their recovery pathway, to create their own individualized recovery plan. Through a recovery-oriented system of care, we provide a holistic set of resources that connect individuals and their families to a variety of support services to help achieve improved health and well-being.

Recovery Circles

We offer recovery circles where those who are seeking to sustain and maintain recovery can come into a space and find community with their peers who are also on the pathway to recovery. The recovery circle is a place that allows our members to share how they are doing with their recovery and receive support in a nonjudgmental space. Our recovery circles allow for members to get to know each other on a deeper level and form bonds and friendships that help them to build their recovery capital.

Re-Entry

We are expertly skilled at helping returning citizens to reintegrate into the community. Our reentry support services begins while the inmate is still incarcerated. We provide counseling and cultural refinement classes to counter the negative subculture of crime and violence that many incarcerated men have succumbed to. We build relationships with the inmates fostering trust and respect, qualities that they can rely on as they look to us for support once they are released. We connect individuals to social service providers, employment opportunities, housing, recovery supports and more once released.

Outreach

Through our Nubian Square Initiative, our recovery coaches and other peer workers provide compassionate recovery support services to individuals in the community seeking support for recovery, housing, employment, and mental wellness. Our central goal is to help individuals and families heal spiritually, mentally, and physically.

Recovery Café

The recently opened Recovery Café is a natural extension of the work we are currently engaged in. This model fits nicely with our recovery-oriented system of care framework. The recovery café will allow us to expand our reach in the community and have a stronger impact. We envision our recovery café as a welcoming environment where everyone feels a sense of safety and belonging.

Our recovery philosophy is holistic in nature. We believe addressing mind, body and spiritual well-being provides a strong foundation for sustained recovery. A SAMHSA study validated that comprehensive, holistic approaches provide the best opportunity for long-term recovery. There are many holistic models being used to effectively address substance use disorders and lifestyle addictions. Some of the offerings include meditation, mindfulness, prayer, healthy eating, physical exercise, spiritual development, self-care, etc. Torchlight Recovery incorporates these offerings into our recovery support services framework.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

As a BIPOC organization, located in a BIPOC community, led by community members with lived experience reflective of our priority population we live the everyday realities with our community including the challenges of substance use recovery, returning citizens, housing insecurity, English as a second language, new arrivers, and the devastation of the overdose epidemic. Overdose data continues to show the devastating impact on the BIPOC community.

While the DPH data released this week gives many communities hope with an overall decrease in overdose deaths for Boston, and the BIPOC community we continue to experience an increase in overdose death (2022 we lost 248 people and in 2023 we lost 281). These are our friends, families, neighbors, and loved ones.

In 2022, Black-Non-Hispanic residents accounted for the largest increase (42%) in overdose death rates (DPH), yet only 10% of individuals identifying as Black-Non-Hispanic accessed services (DPH Dashboard). This data fuels Torchlights deep commitment and unwavering commitment to supporting and healing our community.

Since October 2022, with limited funding, we have reached out to those most in need in our community. We have offered over 2000 discrete services to the community including but not limited to: Whittier engagement Center Direct Referrals (88), Legal Service/Housing/Police (280), SUD Active Referrals to detox (105), Mental Health service referrals (106), Recovery coaching hours (545), Harm Reduction-Narcan (321), Primary care linkages to care (340), STI Counseling and testing (49), Short term Health Navigation (135) and referrals to low threshold emergency Shelters (140).

This funding will enable us to continue this lifechanging and lifesaving work, develop an infrastructure that supports our staff and community, and most importantly respond directly and effectively to the needs of our community.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Located in the heart of Grove Hall, Torchlight intersects Dorchester, Mattapan, and Roxbury's culturally rich and linguistically diverse community. Our location ensures that we are readily available and welcoming to everyone. Furthermore, Torchlight staff come from these communities and have built trust and connection with the community. All our staff identify with the BIPOC community and speak Spanish, Haitian Creole, and Cape Verdean.

Our primary focus is to create an inclusive space that fosters a sense of belonging and safety for individuals from all backgrounds seeking support on their journey to recovery. We aim to implement the following initiatives to ensure we are fully accessible and equitable:

1. **Provide Culturally Competent Staff Training:** We understand the importance of ensuring that our staff members possess a deep understanding of the unique challenges faced by the BIPOC community. To achieve this, we will conduct specialized training programs that encompass cultural competency, implicit bias awareness, and trauma-informed care. This will enhance our team's ability to provide personalized and empathetic support, catering to the specific needs of our community members.
2. **Community Outreach Programs:** We believe in reaching out to the community we serve proactively. With a portion of the grant budget, we will establish targeted outreach programs to engage with local BIPOC organizations, community centers, and spiritual leaders. These partnerships will enable us to bridge the gap between our café and potential community members, ensuring they are aware of the resources available to them.
3. **Holistic Wellness Workshops:** To address the multi-faceted challenges faced by BIPOC individuals in their recovery journey, we organize a series of culturally sensitive workshops. These workshops will cover various aspects of wellness, including mental health, nutrition, art therapy, and ancestral healing practices. By incorporating cultural elements into our programming, we hope to empower our community members with a sense of pride and resilience.
4. **Translation Services and Multilingual Resources:** Recognizing the linguistic diversity within the BIPOC community, we will allocate funds to provide translation services for those who speak languages other than English. Moreover, we will develop multilingual resources and materials to ensure that language barriers do not hinder access to essential information about recovery services and support.
5. **Technology Upgrades:** In today's digital age, technology plays a crucial role in connecting people and providing access to resources. With the grant, we plan to upgrade our technology infrastructure, enabling virtual support services, online workshops, and online consultations. This will broaden our reach and accommodate those who may face mobility challenges.
6. **Childcare Support:** To address the unique needs of parents or guardians we will allocate a portion of the budget to provide onsite childcare services during support group sessions and workshops. This ensures that individuals with caregiving responsibilities have equal access to our resources and can fully participate in our programs.

In conclusion, this funding will significantly enhance the capacity of Torchlight to meet the needs of the BIPOC community through our commitment to cultural competence, outreach, holistic wellness, linguistic inclusivity, technological advancements, and childcare support.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The board of directors of Torch Light Recovery has four people with lived experience with addiction and recovery. They represent the voices of the people that we serve. Moreover, all our staff are people with lived experience with addiction and recovery who are from the BIPOC community and represent the demographics that we serve. At Torchlight we are from the community that we serve both demographically and our lived experiences which affords us the privilege to be in touch with the needs of the people we serve.

At torchlight we also practiced in the peer participatory process. This model allows our Cafe members to determine and maintain the programs policies and atmosphere of our recovery space. We value the knowledge, lived experience, and expertise of our community members and want to ensure that those affected by our programs are involved in the decision-making process. We do this by having community meetings every week where we solicit feedback on the programs and activities that are on the schedule. We also solicit and accept recommendations for future programming and activities as well as all aspects of what takes place in the café.

Torchlight recovery also maintains an active social media page on Facebook where we monitor engagement and receive feedback from not only our cafe membership but the broader community as well.

We make it a priority to stay in tune with the needs and sentiments of our community.

6. What steps has your organization taken to create a more inclusive work environment?

At torchlight we are 100% committed to creating a more inclusive work environment. Our staff is 100% BIPOC. In contrast to the demographics of the recovery coach and peer-to-peer workers in Massachusetts. The BIPOC community is underrepresented and there is a lack of recovery coaches and peer workers from the BIPOC community we aim to increase this number by insuring to recruit, train and hire qualified candidates with lived experience from the BIPOC community that can bring equity to the landscape of recovery support services. As the only black-owned and operated recovery support center in the state we are committed to the principles of diversity equity and inclusion.

To ensure an inclusive work environment for all we have developed a series of training courses on DEI. The first training is The Unconscious Bias for Recovery Coaches and Peer Support Worker training helps to increase the capacity of recovery coaches, recovery coach supervisors and peer support workers to effectively work within BIPOC communities and those who are underserved and experience disparities in recovery support services. Key Learning outcomes include Identify the impact of unconscious bias in the workplace; Identify and use strategies for interrupting bias; Develop strategies to foster a culture of humility and inclusion; and Utilize mindful inquiry and reflective practices to understand and minimize bias.

The Inclusive Communication for Recovery Coaches and Peer Support Workers assist all peer support workers in becoming more skillful when communicating with people across differences. Inclusive communication helps to ensure that staff members, recoverees and those we serve in the recovery community feels valued and respected. Key Learning Outcomes of this training are, Learn fundamental skills for inclusive communication. Apply the principles of collaborative communication in their interactions with others. Create a shared goal for culturally inclusive communication within your organization.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

As the Executive Director of Torch Light Recovery Inc., it is both a privilege and a responsibility to outline our organization's top goals for the upcoming three years. With a current budget of \$700,000, we recognize the critical need for strategic planning and financial stewardship to further our mission. Therefore, our primary objectives for the next three years, which we aim to accomplish with the assistance of a \$100,000 annual grant, are as follows:

1. **Enhance Program Effectiveness and Reach:** Our foremost goal is to expand the reach and effectiveness of our peer recovery supports. This includes increasing accessibility to our services for underserved communities, developing new program initiatives tailored to specific needs, and enhancing the quality and comprehensiveness of existing programs. By leveraging the grant funds, we aim to implement evidence-based practices, provide specialized training for staff, and invest in technology to streamline program delivery and evaluation processes.
2. **Sustain Organizational Growth and Stability:** With the aspiration to scale our operations and impact, we recognize the necessity of ensuring the long-term sustainability and stability of Torch Light Recovery Inc. Central to this objective is the recruitment and appointment of a Chief Financial Officer (CFO) who will be instrumental in managing our organization's finances with prudence and transparency. The CFO will oversee budget development, financial reporting, grant management, and strategic financial planning to optimize resource allocation and mitigate financial risks. By strengthening our financial infrastructure and governance practices, we aim to instill confidence in our stakeholders and attract additional funding opportunities to support our mission.
3. **Foster Collaborative Partnerships and Advocacy Efforts:** Collaboration and advocacy are integral components of our approach to addressing the complex challenges associated with addiction recovery. Over the next three years, we intend to forge strategic partnerships with local government agencies, healthcare providers, educational institutions, and community organizations to foster a comprehensive and coordinated response to addiction in our region. Through joint advocacy efforts, we seek to influence

policy changes, increase public awareness, and eliminate barriers to accessing recovery support services. The grant funding will enable us to allocate resources towards partnership development, advocacy campaigns, and community outreach initiatives aimed at reducing stigma and promoting a supportive environment for individuals in recovery.

4. **Diversify Revenue Streams and Fundraising Efforts:** To reduce dependency on grant funding and ensure financial resilience, we are committed to diversifying our revenue streams and strengthening our fundraising efforts. In addition to pursuing grant opportunities, we will explore avenues for earned income, such as fee-for-service programs or social enterprise ventures. Furthermore, we will implement targeted fundraising campaigns, donor stewardship strategies, and events to engage existing supporters and attract new donors to sustain our operations. By prioritizing program enhancement, organizational sustainability, collaborative partnerships, and diversified funding strategies, we aim to achieve meaningful and lasting impact in the lives of those affected by addiction. With the support of a \$100,000 annual grant over the next three years, we are confident in our ability to realize these goals and contribute to positive change in our community.

8. How will the funds help you achieve your goals?

The funds will facilitate the development of new program initiatives tailored to address emerging needs and gaps in service delivery, thereby enabling us to better meet the diverse needs of individuals seeking support on their recovery journey.

Chief Financial Officer Appointment and Financial Management: A key priority for Torch Light Recovery is the appointment of a Chief Financial Officer (CFO) to oversee the organization's financial management and stewardship. The grant funds will support the recruitment and retention of a qualified CFO who will play a pivotal role in managing our finances with transparency, accountability, and efficiency. The CFO will be responsible for budget development, financial reporting, grant management, and strategic financial planning, ensuring that our resources are effectively allocated to support our mission and sustain our operations.

Expansion of Outreach and Engagement Efforts: With the support of the grant, we will expand our outreach and engagement efforts to reach a broader audience of individuals in need of recovery support services. This includes investing in marketing and communication strategies to raise awareness about our programs, as well as conducting targeted outreach to underserved communities and populations. By increasing our visibility and accessibility, we aim to reduce barriers to entry and ensure that all individuals, regardless of background or circumstance, have access to the resources they need to embark on their journey to recovery.

Capacity Building and Organizational Development: The grant funding will enable us to invest in capacity building and organizational development initiatives to strengthen our internal infrastructure and operational capacity. This includes investing in staff training and professional development opportunities to enhance our team's skills and expertise, as well as implementing systems and processes to improve organizational efficiency and effectiveness. By building a strong foundation for growth and sustainability, we can position Torch Light Recovery for long-term success.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Torch Light Profit and Loss 2023.pdf

Organization's Operating Budget

 Torch Light Operational Budget 2024.pdf



Thursday, May 30, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Trinity Care Associates
Organization EIN	82-4809044
Annual Operating Budget	2050000
Year Incorporated	2018
Organization Address	100 Merrimack Street, Suite 205 Lowell, Massachusetts, 01852
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	@tri-cares.com
Primary Contact Title	CEO
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 3: Northeast

Check the most relevant box along the continuum for your services or activities.

Trauma, Grief, and Family Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Trinity Care Associates is committed to improving the well-being of diverse communities, particularly African Americans, Hispanics, and other minorities, by providing culturally competent, high-quality behavioral health, prevention, and educational services that are accessible, innovative, and delivered with compassion.

2. Describe the services your organization provides or the activities it engages in?

Trinity Care Associates provides a comprehensive range of behavioral health, prevention, and educational services designed to meet the unique needs of the diverse communities we serve, with a special focus on African American, Hispanic, and other minority populations.

Our behavioral health services include mental health counseling and substance abuse treatment for individuals, families, and groups. We offer culturally tailored therapies and interventions that build on the strengths and resilience of the populations we work with. Our team of licensed clinicians, social workers, and counselors is trained in evidence-based practices and delivers trauma-informed, person-centered care. We strive to reduce barriers to accessing care by providing services in community settings, offering

sliding-scale fees, and accommodating linguistic and cultural preferences.

To promote wellness and prevent substance abuse, mental health issues, and other health concerns disproportionately affecting the communities we serve, we implement a variety of prevention programs. These include school-based life skills curricula, parenting workshops, health education campaigns, and community outreach initiatives. We collaborate with local schools, faith-based institutions, and other community organizations to deliver culturally relevant, engaging prevention programming. Our approach emphasizes protective factors and seeks to empower youth, families, and communities to make healthy choices.

Recognizing the importance of education in fostering well-being and creating opportunities, we offer a spectrum of educational services and support. These include tutoring and mentoring programs for youth, adult education and literacy classes, college and career readiness initiatives, and workshops on topics such as financial literacy and health education. We work to close educational disparities and equip individuals with the knowledge and skills to thrive.

Across all our services, we prioritize cultural competence, constantly striving to ensure our programs are responsive to the languages, values, beliefs, and experiences of the diverse populations we serve. We involve community members in the design, implementation, and evaluation of our initiatives to maintain cultural relevance and foster trust. Our staff reflects the diversity of our target communities, and we invest in ongoing training to enhance our ability to deliver culturally appropriate care.

In addition to direct services, we engage in advocacy and community capacity-building efforts. We participate in coalitions and collaboratives to address systemic issues affecting behavioral health, educational attainment, and health equity. We provide training and technical assistance to help other organizations enhance their cultural competence. Through community forums and awareness events, we work to reduce stigma around mental health and substance abuse issues and promote a greater understanding of the unique challenges and strengths of the populations we serve.

By providing this array of culturally competent, accessible, and high-quality services, Trinity Care Associates works to fulfill our mission of improving the overall well-being and life outcomes of underserved diverse communities, helping individuals and families achieve mental wellness, prevent substance abuse and health problems, and reach their educational and life goals.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Trinity Care Associates serves diverse communities, focusing on African American, Hispanic, and other underserved minority populations facing significant health disparities.

African Americans, 45% of our clients, experience higher rates of poverty, trauma, and discrimination, contributing to increased risks of mental health issues, substance abuse, and poor educational outcomes. Local African American adults are 2 times more likely to face serious psychological distress than non-Hispanic whites, and youth have a 50% higher school dropout rate. Hispanics, 30% of those we serve, often face language barriers, acculturation stress, and limited resources. Nationally, they are 2 times more likely to have a significant depressive episode. Local Hispanic youth have the highest substance abuse and teen pregnancy rates, and 60% of Hispanic adult clients have limited English proficiency.

Another 15% of our clients are from other minority groups, like Asian Americans, Native Americans, and multiracial individuals, encountering unique stressors and care barriers. For example, Asian Americans are 25% as likely as whites to seek mental health treatment, despite similar illness rates.

LGBTQ+ individuals, 10% of our clients, face higher risks of mental health problems, substance misuse, and suicidality due to stigma and discrimination. LGBTQ+ youth of color are especially vulnerable.

Over 75% of those we serve are low-income, and more than half are uninsured, making accessing care and educational opportunities challenging.

By tailoring services to these priority populations, we aim to reduce disparities, break down barriers, and promote equity in well-being and life outcomes.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Trinity Care Associates is committed to ensuring our programs and services are accessible and equitable to all community members, particularly the diverse populations we serve. We employ a multi-faceted approach to promote accessibility and equity:

Culturally and linguistically competent services: We provide services in the preferred languages of our clients, including Spanish, Vietnamese, and other languages prevalent in our community. Our staff receives ongoing training in cultural competence to effectively serve clients from diverse backgrounds. We use culturally adapted interventions and materials that resonate with the values, beliefs, and experiences of our target populations.

Diverse and representative staff: We actively recruit and retain a workforce that reflects the demographics of the communities we serve. Over 75% of our staff identify as people of color, and more than half are bilingual. Many are from the same neighborhoods as our clients and have shared life experiences. This helps foster trust, understanding, and engagement with our services.

Community outreach and engagement: We partner with trusted community organizations, such as churches, schools, and cultural centers, to raise awareness about our services and reduce the stigma around seeking help. We participate in community events and health fairs to build relationships and reach people where they are. Our community advisory board, comprised of local leaders and members with lived experience, guides our outreach strategies.

Flexible service delivery: We offer services at varied times and locations to accommodate the schedules and transportation needs of our clients. In addition to our main clinic, we provide services in schools, community centers, and through home visits. We also offer telehealth options for those who face barriers to in-person care.

Sliding-scale fees and insurance navigation: To ensure services are affordable, we offer sliding-scale fees based on income for uninsured or underinsured clients. Our billing specialists help clients navigate

insurance options and access public benefits they may be eligible for.

Accessibility accommodations: Our facilities are ADA-compliant and accessible to people with disabilities. We offer assistance with completing forms and navigating the service system for those with limited literacy or English proficiency. We provide interpretation services for the deaf and hard of hearing.

Continuous quality improvement: We regularly collect and analyze data on service utilization, outcomes, and client satisfaction, disaggregated by race, ethnicity, language, and other demographic factors. This helps us identify and address any disparities in access or outcomes. We gather qualitative feedback through client surveys, focus groups, and our community advisory board to inform ongoing improvements.

By integrating these strategies, we strive to create an inclusive, welcoming, and equitable environment where all community members can access the high-quality, culturally responsive services they need to achieve wellness and reach their full potential.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

At Trinity Care Associates, we believe that the voices of those we serve are crucial to designing effective programs. We use several strategies to ensure that our clients and community members can meaningfully shape our work:

Community Advisory Board (CAB): Our CAB consists of 15 diverse members, including individuals with lived experience, family members, youth leaders, and faith leaders. The CAB meets quarterly to provide guidance on our programs, services, and outreach, offering insights into community needs, cultural considerations, and potential barriers to care.

Client satisfaction surveys: We conduct annual surveys in multiple languages to gather feedback on the accessibility, quality, and cultural responsiveness of our services. We analyze the results to identify areas for improvement and make changes based on client input.

Focus groups and listening sessions: We hold regular sessions with clients and community members to gain deeper insights into their experiences, needs, and preferences. These sessions, facilitated by trained staff, create a safe space for open dialogue and inform the development and refinement of our programs.

Participatory program design: When developing new initiatives, we often use participatory design methods that directly involve clients and community members in the planning process, ensuring programs are tailored to the specific needs and culture of the community.

Peer support and leadership opportunities: Our peer support program employs individuals in recovery to provide mentorship and advocacy to clients. We also offer leadership development opportunities, such as serving on our CAB or participating in public speaking training.

By embedding these strategies into our organizational practices, we ensure that the voices of those we serve are at the forefront of our work, leading to more relevant, effective programs and building trust and shared ownership with the communities we serve.

6. What steps has your organization taken to create a more inclusive work environment?

Trinity Care Associates is committed to fostering a diverse, equitable, and inclusive work environment. We have taken several steps to create a more inclusive workplace:

DEI Training: All staff participate in mandatory annual diversity, equity, and inclusion training covering topics such as unconscious bias, cultural competence, and anti-racism. We also offer additional voluntary workshops on specific DEI topics throughout the year.

Inclusive Recruitment and Hiring: We have reviewed and revised our recruitment and hiring practices to reduce bias and attract diverse candidates. This includes using inclusive language in job postings, ensuring diverse representation on interview panels, and implementing blind resume screening.

Employee Resource Groups (ERGs): We have established ERGs to provide support, networking opportunities, and a safe space for employees from underrepresented groups. These groups also serve as a resource to leadership, providing insights on creating a more inclusive workplace.

Inclusive Policies and Benefits: We have reviewed and updated our policies and benefits to ensure they are inclusive and equitable, such as offering comprehensive health insurance that covers gender-affirming care and providing paid parental leave for all parents.

Accessible and Inclusive Facilities: We have made physical modifications to our facilities to ensure accessibility for employees with disabilities and create a welcoming environment for all.

Celebration of Diversity: We actively celebrate the diversity of our staff and the communities we serve through events, showcasing diverse artists, and highlighting employee achievements.

Continuous Learning and Improvement: We regularly seek feedback from employees to assess our progress and identify areas for improvement, benchmark our practices against industry best practices, and seek guidance from external DEI experts.

By taking these steps, we aim to create a workplace culture where all employees feel a sense of belonging, can contribute their unique perspectives, and have equal opportunities for growth and advancement.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Here are Trinity Care Associates' top four goals for the next three years:

1. Expand access to culturally responsive mental health services:

Our primary goal is to increase access to high-quality, culturally competent mental health care for the diverse communities we serve. Over the next three years, we aim to:

- Open a new satellite clinic in an underserved neighborhood, increasing our capacity to serve an additional 500 clients annually
- Hire and train 5 new bilingual and bicultural therapists to provide services in clients' preferred languages and align with their cultural backgrounds
- Implement a new teletherapy program to reach clients who face barriers to in-person care, with a goal of conducting 25% of our therapy sessions via secure video platform
- Partner with 10 new community organizations, such as schools, churches, and cultural centers, to provide on-site mental health screenings, psychoeducation, and referrals to our services

2. Strengthen our substance abuse prevention and early intervention programs:

Recognizing the devastating impact of substance abuse in our communities, we aim to bolster our prevention and early intervention efforts over the next three years. Specifically, we plan to:

- Establish a rapid response team to provide immediate assessments, brief interventions, and referrals for individuals at risk of substance abuse, with a goal of serving 200 individuals annually
- Secure funding to expand our successful peer outreach program, hiring and training 5 additional peer specialists to conduct street outreach and engage hard-to-reach populations

3. Enhance our workforce development and training programs:

To build a robust pipeline of culturally competent behavioral health professionals and strengthen our organizational capacity, we aim to:

- Establish partnerships with 3 local universities to create internship and practicum placements for students in social work, psychology, and counseling programs, hosting 10 interns annually
- Develop and implement a comprehensive cultural competence training program for all staff, including

annual training requirements and regular case consultations

- Secure funding to provide tuition assistance and loan repayment support for staff pursuing advanced degrees in behavioral health fields, with a goal of supporting 5 staff members annually

4. Advocate for policies and systems change to advance health equity:

Recognizing that achieving health equity requires addressing systemic barriers and social determinants of health, we aim to amplify our advocacy efforts over the next three years. Specifically, we plan to:

- Establish a dedicated policy and advocacy team to monitor and analyze relevant legislation, educate policymakers, and mobilize community members to advocate for change

- Launch a public awareness campaign to reduce stigma around mental health and substance abuse in diverse communities, reaching 5,000 community members through social media, community events, and partnerships with ethnic media outlets

- Advocate for increased funding for culturally specific behavioral health services at the local and state levels, with a goal of securing a 20% increase in public funding for these services

- Partner with other community-based organizations and advocacy groups to advance policies that address social determinants of health, such as affordable housing, job training, and access to education

8. How will the funds help you achieve your goals?

The Mosaic Opioid Recovery Partnership funding will be crucial in helping Trinity Care Associates achieve our goals over the next three years. The funds will be strategically allocated to support key initiatives and capacity-building efforts aligned with our mission and priorities.

For example, if our goal is to develop and implement standard data collection protocols and procedures for our organization, we can utilize the funding to cover the costs associated with developing and implementing data collection tools, staff training, and survey development. This will allow us to better track and evaluate the impact of our programs, identify areas for improvement, and make data-driven decisions to enhance our services.

Alternatively, if our goal is to use art, yoga, and theater to support individuals in recovery, we could use the funds to cover the salary of a part-time wellness coordinator. This coordinator would provide wellness activities, collaborate with community organizations, and create wellness programming to help individuals in recovery. By offering these holistic services, we can support the overall well-being and resilience of our clients, complementing our traditional mental health and substance abuse treatment services.

The funds will also support our efforts to expand access to culturally responsive mental health services, strengthen our substance abuse prevention and early intervention programs, enhance our workforce development and training programs, and amplify our advocacy efforts to advance health equity.

By investing in these strategic initiatives, the Mosaic funds will help us build the organizational capacity and infrastructure necessary to sustainably expand and enhance our services, reach more individuals in need, and ultimately advance our mission of improving the health and well-being of the diverse communities we serve. We are committed to being responsible stewards of these funds, maximizing their impact to create lasting change in the lives of those we serve.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Review Report Trinity Care Associates... .pdf

Organization's Operating Budget



TCA Operation Budget.pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

For general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization Troubled Waters Inc. d/b/a Bridge Club of Greater Lowell

Organization EIN 83-1319383

Annual Operating Budget 1147970

Year Incorporated 2018

Organization Address 33 E Merrimack St.
Lowell, Massachusetts, 01852-1204

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

Primary Contact Email @bridgecluboflowell.org

Primary Contact Title

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 3: Northeast

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Veterans

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

To become the epi-center of cultural diversity through the creation of a safe, supportive environment where addiction recovery services will be delivered to the underserved, demographically diverse communities of Greater Lowell.

2. Describe the services your organization provides or the activities it engages in?

The Bridge Club of Greater Lowell (BCGL) is a vital nonprofit recovery center dedicated to supporting individuals on their journey to recovery from addiction. Located in Lowell, Massachusetts, BCGL serves as a hub for a wide range of recovery meetings, hosting over 30 weekly sessions that cater to various groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Overeaters Anonymous (OA), Gamblers Anonymous (GA), and Recovery Dharma. This extensive meeting schedule is designed to meet the diverse needs of the community we serve.

At the heart of our center's offerings are our certified Recovery Coaches, trained through the Connecticut Community for Addiction Recovery (CCAR) program. These coaches are crucial in providing one-on-one support and guidance, helping individuals navigate their recovery paths. BCGL also facilitates access to critical recovery services including Hospital-Based Acute Treatment Services (HBATS), Acute Treatment Services (ATS), Clinical Stabilization Services (CSS), and Transitional Support Services (TSS). Additionally, for those who require it, our in-house partner, Trinity Care Associates, offers mental health counseling and Medication Assisted Treatment (MAT), further enhancing our holistic approach to recovery.

Recognizing the challenges that individuals with criminal justice involvement face, BCGL launched the "Bridge Back Initiative" in partnership with local authorities. This initiative focuses on helping participants gain employment through our CORI-friendly partners, like Amazon, and supports them with transportation, clothing, and recovery coaching. This program, which has successfully secured three consecutive years of funding, has expanded to include housing assistance and vocational training, such as CDL classes, to further support our participants in building stable, self-sufficient lives.

For veterans, particularly those recently released from incarceration, we offer the "Veterans' Bridge Back Initiative". Funded by the "Homeless Veterans' Reintegration Program" through the Department of Labor Veterans' Employment and Training Service, this program includes all components of the Bridge Back Initiative, but adds veteran-specific resources like paid apprenticeships and intensive outpatient programs run by a licensed drug and alcohol counselor who is also a veteran. This tailored approach ensures that veterans receive the understanding and support that resonate with their unique experiences.

Education and training are central to our mission, with BCGL offering Recovery Coach Training to satisfy the educational requirements for becoming a Massachusetts Certified Addiction Recovery Coach. Looking forward, we are excited to launch our Culinary Training Program in Spring 2024, targeted at individuals in recovery with criminal justice involvement, to provide them with valuable job skills and opportunities.

Our commitment to diversity is evident not only in our services but also in our staff and board of directors. Many of our team members are bilingual, speaking languages such as Swahili, Khmer, Spanish, Creole, and Portuguese, which is crucial in effectively serving the culturally rich population of Greater Lowell. Our staff's lived experience with Substance Use Disorder (SUD) and incarceration enriches their capacity to relate to and effectively assist our clients.

Through these comprehensive programs and dedicated staff, the Bridge Club of Greater Lowell continues to empower individuals in recovery, fostering hope, and contributing to healthier, thriving communities.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

At BCGL, our priority populations include minorities, formerly incarcerated individuals, veterans, immigrants with limited English proficiency, people with lived experience of substance use disorder (SUD), and LGBTQ+ community members. Each group faces unique challenges in accessing recovery services, and our tailored support aims to address these barriers effectively.

Minorities: We recognize the distinct cultural and systemic challenges that minority groups face, which can affect their substance use and recovery experiences. BCGL offers culturally relevant programming and support, including bi-lingual recovery coaches and recovery coach training, ensuring that all services are respectful of and responsive to the needs of diverse communities.

Formerly Incarcerated Individuals: For those reentering society, BCGL provides comprehensive support including employment assistance, legal aid, and housing, critical for successful reintegration and sustained recovery. Our programs are designed to address the specific barriers faced by formerly incarcerated persons, giving them a meaningful second chance at life.

Veterans: Our "Veterans' Bridge Back Initiative" caters specifically to veterans, providing support groups, employment programs, and mental health services tailored to address PTSD and other service-related issues, facilitating a smoother recovery journey.

Immigrants/People with Limited English Proficiency: BCGL employs bilingual recovery coaches and offers resources in multiple languages. This ensures that all participants can access and benefit from our services in their preferred language.

People with Lived Experience with SUD: Our staff includes individuals in recovery themselves, offering peer support that enhances our services' empathy and effectiveness.

LGBTQ+ Community: We provide safe and affirming spaces for LGBTQ+ individuals, addressing the higher rates of substance use and mental health challenges they often face due to discrimination and stigma.

Through targeted and sensitive programming, BCGL is committed to making recovery accessible and effective for these priority groups, fostering equity and empowerment within our community.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

BCGL is deeply committed to ensuring that our programs and services are accessible and equitable to all members of the community. Our approach is multifaceted, focusing on overcoming barriers to recovery services, providing targeted support to underserved populations, and fostering an inclusive environment that respects the diverse backgrounds of our clients.

Accessibility starts with our location and the comprehensive range of services we offer under one roof. BCGL is open 7 days a week, 365 days a year. We host over 30 recovery meetings each week, catering to various groups and addressing a wide spectrum of needs. This ensures that anyone seeking help can find a program that resonates with their personal journey. Our facility is also ADA-compliant, making it physically accessible to individuals with disabilities.

Recognizing the significant barriers that language and culture can pose, BCGL employs a diverse staff of recovery coaches, many of whom are bilingual and have lived experience with substance use disorders (SUD) and incarceration. This linguistic and cultural competency not only facilitates better communication but also builds trust and understanding, making our services more effective.

Financial barriers are another critical area where BCGL ensures accessibility. We provide many of our services, including recovery coaching and some training programs, free of charge. Our initiatives like the Bridge Back Initiative and Veterans' Bridge Back Initiative offer funded support for employment, housing, and vocational training, which are pivotal in stabilizing the lives of our participants. For services that do require payment, we work with individuals to secure funding through various community resources.

Equity is at the core of all our programs. BCGL actively seeks to tailor its services to meet the unique needs of vulnerable and often marginalized groups, such as veterans and individuals with criminal justice involvement. Our targeted programs, like the "Hire A Vet" apprenticeship and our bilingual recovery coaching, are designed to address specific challenges and leverage community resources to provide comprehensive support.

Furthermore, BCGL maintains strong collaborations with local agencies, healthcare providers, and employment partners to create a network of support that enhances the accessibility and relevance of our services. These partnerships are essential for integrating our participants back into society and providing them with opportunities that may otherwise be out of reach.

Lastly, we continuously evaluate our programs through feedback from participants and community stakeholders, ensuring that we remain responsive to the evolving needs of the community. This feedback mechanism helps us to adapt and innovate our offerings, ensuring they are not only accessible but also effective and equitable.

Through these deliberate and thoughtful strategies, the Bridge Club of Greater Lowell ensures that all community members have the opportunity to access our services and receive the support they need in a manner that respects and acknowledges their individual circumstances and cultural backgrounds.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

BCGL is dedicated to ensuring that the voices of the people we serve directly inform the development and continual refinement of our programs and services. Our approach emphasizes active client feedback, close collaboration with community partners, and the integration of client experiences into our service design and implementation.

One key method we employ to capture the insights of our participants is through regular feedback surveys and open forums. These are conducted at various stages of the recovery process to gather direct input

from those engaged in our programs. The feedback collected is thoroughly analyzed and used to adjust and improve our offerings, ensuring they meet the actual needs of our clients effectively.

To ensure our services are deeply connected to the needs of those we serve, BCGL emphasizes active listening and empathy in our day-to-day interactions. Our recovery coaches, many of whom have lived experiences with substance use disorder (SUD) and incarceration, are adept at understanding and advocating for our clients' needs. This personal connection not only fosters trust but also enriches our team's ability to develop programs that truly resonate with and support our clients.

Collaboration with other local organizations and stakeholders, including healthcare providers, local businesses, and social services, is another pillar of our strategy. These partnerships enhance our understanding of the broader community context, help identify emerging needs, and inform our program development, ensuring our services are comprehensive and well-integrated into the wider network of support available to our clients.

Through these strategies, The Bridge Club of Greater Lowell remains a client-focused organization, where programs are not only supportive and effective but also empowering, reflecting the genuine needs and voices of our community.

6. What steps has your organization taken to create a more inclusive work environment?

BCGL is committed to creating an inclusive work environment that values diversity and fosters a sense of belonging among all staff members. Our efforts are centered on implementing inclusive hiring practices, providing continuous education, and maintaining a culture of openness and respect.

We prioritize diversity in our hiring process by actively seeking candidates from a variety of backgrounds, including those with lived experience of substance use disorder (SUD) and incarceration. This approach not only enriches our team with a range of perspectives but also enhances our ability to connect with and serve our diverse client base effectively.

To ensure our workplace is supportive and inclusive, BCGL invests in ongoing training for all staff members. These training sessions cover topics such as cultural competency, anti-discrimination practices, and the importance of equity in the recovery process. By equipping our team with this knowledge, we foster an environment where all employees feel valued and understood.

Moreover, BCGL encourages open communication and feedback from all employees. We hold regular meetings where team members can share their experiences and suggest improvements, ensuring that everyone has a voice in shaping our workplace culture. This openness helps identify any issues of bias or inequality and allows us to address them promptly.

By combining diverse hiring practices, comprehensive training, and a culture of transparency and respect, BCGL is dedicated to maintaining an inclusive work environment where every employee can thrive and contribute to our mission of aiding those in recovery.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Expand Access to Multilingual Recovery Services: BCGL aims to enhance our multilingual recovery support services by increasing the number of bilingual recovery coaches and expanding the range of languages in which we offer services and materials. Our goal is to ensure that all community members, regardless of their language proficiency, can access and benefit from our programs. This includes providing translation services for recovery meetings, educational materials, and counseling sessions. We plan to achieve this by:

- Recruiting and training additional bilingual recovery coaches.
- Partnering with local language services for professional translations.
- Conducting outreach to immigrant communities to raise awareness of our services.

2. Strengthen Employment and Vocational Training Programs: We aim to build on the success of our "Bridge Back Initiative" and "Veterans' Bridge Back Initiative" by expanding employment and vocational training opportunities for our clients, particularly those with criminal justice involvement and veterans. Our objectives include:

- Establishing new partnerships with local businesses and industries for employment placements.
- Launching additional vocational training programs, such as culinary arts and advanced certifications (e.g., CDL Class A or B).
- Providing continuous support through job readiness workshops and ongoing recovery coaching.

3. Enhance Housing Support Services: BCGL recognizes that stable housing is critical to recovery. Our goal is to expand our housing support services to provide more comprehensive assistance for those in recovery, including:

- Increasing the availability of market-rate and sober housing options.
- Offering emergency housing solutions, such as hotel stays for immediate needs.
- Collaborating with local housing authorities and nonprofit organizations to secure more long-term housing solutions for our clients.

4. Improve Mental Health and MAT Services: In partnership with Trinity Care Associates, BCGL aims to enhance the availability and quality of mental health counseling and Medication Assisted Treatment (MAT) services. Our specific goals include:

- Expanding the number of licensed mental health professionals and counselors on staff.
- Increasing the accessibility of MAT services, including same-day access for new clients.
- Providing integrated care plans that combine mental health support with recovery coaching and other services.

5. Develop Community Outreach and Education Initiatives: To reduce stigma and raise awareness about substance use disorders and recovery, BCGL plans to implement community outreach and education programs. These initiatives will focus on:

- Conducting workshops and seminars in schools, senior centers, community centers, and local organizations.
- Developing educational materials and campaigns that highlight the successes and challenges of recovery.
- Partnering with local media and social platforms to share stories and information that promote understanding and support for individuals in recovery.

By focusing on these goals, the Bridge Club of Greater Lowell aims to deepen our impact, broaden our reach, and enhance the quality of life for individuals and families affected by substance use disorders in our community.

8. How will the funds help you achieve your goals?

The funds from the Mosaic Opioid Recovery Partnership will be crucial in helping BCGL achieve our goals of expanding multilingual recovery services, enhancing vocational training programs, and improving housing support services. Here's how the funds will be utilized:

1. Expand Access to Multilingual Recovery Services: The funds will enable us to recruit and train additional bilingual recovery coaches, expanding our capacity to serve non-English speaking clients. Specifically, we will:

- Hire more coaches proficient in languages such as Swahili, Khmer, Spanish, Creole, and Portuguese, ensuring broader community access.
- Invest in training programs to enhance the skills of bilingual coaches in culturally competent care.

2. Strengthen Employment and Vocational Training Programs: The funds will be instrumental in expanding our vocational training programs and establishing stronger partnerships with local businesses. Specifically, we will:

- Fund new vocational training initiatives in fields like culinary arts and commercial driving (CDL Class A or B), including materials, instructors, and course costs.
- Organize workshops focused on job readiness, resume building, and interview skills to help participants secure employment.
- Develop and sustain partnerships with local employers committed to hiring individuals in recovery, ensuring a steady pipeline of job opportunities.

3. Enhance Housing Support Services: The funds will support the expansion of our housing services, ensuring clients have access to safe and stable living conditions. Specifically, we will:

- Provide up to three months of paid market-rate or sober housing for clients transitioning from treatment facilities.
- Offer same-day emergency housing in hotels for clients in immediate need, providing up to 21 days of accommodation while they transition to permanent housing.

These funds will enable BCGL to create a more inclusive, supportive, and effective recovery environment, addressing the critical needs of our priority populations and fostering a healthier, more resilient community.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 FY23_P&L_Unaudited.pdf

Organization's Operating Budget

 FY24_Operating_Budget.pdf



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Uhai for Health Inc

Organization EIN

27-2980093

Year Incorporated

2010

Organization Address

65 James Street ste 8A
Worcester, Massachusetts, 01603

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@uhai.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 2: Central MA

Check the most relevant box along the continuum for your services or activities. Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Youth

Families Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Uhai for Health Inc. mission is to empower the African Immigrants and Refugees to become healthy and self-sufficient contributing members of the community. We do this by providing culturally and linguistically appropriate community-based outreach, prevention, advocacy, and support services that address the social determinants of health barriers.

2. Describe the services your organization provides or the activities it engages in?

Client Navigation Program: immigrant families face barriers accessing complex systems and equitable resources, due to language barriers, literacy level, lack of health insurance, immigration status, social economic status, systemic racism, and stigma to mental health. We provide case management to each family or individual, connecting them with appropriate services. We also advocate on behalf of the immigrant families to ensure they receive the support and services especially with the complex systems including healthcare, education, and social services. We provide information and referral in a cultural and linguistic lens to ensure the families do not fall through the cracks. Health education on chronic disease management, substance misuse and mental health are tailored to the level of client needs and understanding.

Seniors Program: create a welcoming and inclusive community where seniors feel supported, connected, and empowered as they age. The goal of this program is to promote social connection and reduce

isolation by providing opportunities for African seniors to connect with others in their community, build friendships, and combat feelings of loneliness and isolation. Preserve cultural heritage and traditions by celebrating and preserving the cultural heritage and traditions of African seniors, providing a space for them to share stories, music, food, and traditions with one another. Provide access to resources and support by offering information and resources on topics such as healthcare, housing, legal assistance, and social services to help seniors navigate the challenges of aging. Promote physical and mental well-being by offering activities and workshops focused on promoting physical health, mental well-being, substance misuse and overall quality of life for African seniors.

Youth program: The program is tailored to the specific needs and cultural context of African youth, including integration difficulties, family dynamics, mental health stigma, and the impact of systemic inequalities. The program is designed to provide a safe and supportive space for youth to explore their emotions, build relationships, and develop coping strategies, helping young people thrive and reach their full potential.

Increased awareness and understanding of mental health by providing psycho education to the African youth about mental health issues and reduce stigma surrounding seeking help for emotional struggles. Teaching on substance misuse, delay in first use and referral to those affected by substance misuse. Creating a safe space to discuss cultural integration/acclimation challenges of living in two conflicting cultural worlds. How to respond to bullying, racism, and other social ills the African youth face. Referral for services for those dealing with immigration trauma, and mental health caused by witnessing war, food insecurity and emotional abuse in the countries of origin. Mentoring and supporting academic success.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Worcester is a gate-way city and a home of two resettlement agencies: Refugee and Immigrant Assistance Center (RIAC) and Ascentria Care Alliance. According to the census data of 2024, the City of Worcester is home to 205,319 residents, representing over 100 nations. Around 22% of its population was born outside the US, with 37% speaking languages other than English. 12.8% of Worcester population identify themselves as Black or African America. The African immigrant population comes from different African countries, as refugees, Immigrant visas, work visa, international students, and asylum. Worcester is also home to 7 colleges attracting international students and families. Uhai for Health meets the needs of the increasing community of immigrants and refugees settling in Worcester and surrounding towns from the African continent. They come to Worcester in many cases having fled perilous circumstances. They are vulnerable to poor mental health outcomes due to stressors through their migration journey, including violence, family separation, loss of social status and networks, poverty, acculturation difficulties in the host country, hostilities, and language barriers. These stressors precipitate mental health outcomes like post-traumatic stress disorders, mood disorders, depression, anxiety, and substance misuse at a higher rate compared with other groups.

In addition, social determinants of health barriers such as language barrier, social economic status, literacy, lack of transportation, housing, and difficulty navigating the complex healthcare system can hinder access to mental health services. To further complicate their plight, African languages literally do not have the words to describe mental health. The stigma associated with mental health care presents a significant barrier to care.

The combination of immigration stressors, social determinants of health barriers, and cultural stigma result in a community extremely vulnerable to mental health challenges and poor outcomes.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Uhai for Health work with African immigrants and refugees. This is a population that is disproportionately impacted by several factors including language barriers, cultural differences, discrimination and racism, unemployment, mental health stigma, immigration policies among others. Addressing these challenges requires a comprehensive approach that requires the following strategies to ensure accessibility and equity.

1. Conducting outreach and engagement efforts to ensure that all community members are aware of and have access to the programs and services offered. We meet the community where they are. Mostly

using the houses of worship, African ethnic groups including, Liberian group, Congolese group, Ghanaian group, Kenyans in Worcester, African owned businesses, and other organizations serving Africans.

2. Providing multiple points of access to programs and services including in-person, online and over the phone; Uhai for Health utilizes different forums including WhatsApp group that has almost 400 members, Facebook, and Instagram Page, Zoom, Other social media groups for Africans serving more than 2000 individuals. These groups are effective in dissemination of information in different languages.

3. Offering services in multiple languages to ensure that language barriers do not prevent community members from accessing services. Most languages spoken by Africans in Worcester include Swahili, Twi, Sango, French and Kinyarwanda.

4. Implement cultural competency training for our staff and our partners to ensure that we serve a diverse community. We work closely with different organizations as cultural brokers to ensure that our clients receive accessible and equitable services.

5. Collaborating with other community organizations through case navigation and referral to ensure programs are meeting the needs of all community members. These includes, community health centers, mental health providers, immigration offices, Department of Public Health, Social services organizations, Department of Development Services (DDS), Department of Children and Families (DCF), School District among others.

6. Engaging in survey through focus groups and other feedback mechanisms to gather input on how to improve accessibility and equity in our programs and services. Some of the recent surveys include focus groups and in-depth interviews on mental health stigma among African immigrant youth, survey on community perception on substance misuse and prioritizing intervention strategies.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

- Establishing advisory committee: Uhai for Health works with Uhai Ambassadors who are gatekeepers and leaders of different African ethnic groups including, Kenya, Uganda, Ghana, Nigeria, South Africa, Cameroon, Liberia, Congo among other African nations represented in our community. This group provides valuable insights and recommendations to help shape our programs and services.
- We regularly reach out to the individuals through surveys, polls, and focus groups to gather opinions, suggestions and concerns about our programs and services.
- Engaging community outreach: We actively engage with the community through events, workshops and other activities to listen to the voices of the people we serve and understand their needs. We hold youth meetings every month, Community discussions virtually and in person. We listen to the voices of the people and understand their needs and priorities. We recently started a meeting for men and through a poll, they were able to prioritize some activities they can participate in including hiking, fishing and biking for social support and to prevent isolation that was previously discussed as to why there is an increase in substance misuse among the men in the African community.
- We work together with other organizations including houses of worship, women groups, local business and stakeholders, to ensure that the voices of the people are heard and considered in the development and delivery of our programs and services.
- We have created a feedback mechanism through a WhatsApp group for our organization making it easier for individuals to provide feedback, suggestions or complaints about our program and services. During our events, we provide an opportunity for feedback through a survey. We also give phone numbers and emails that people can utilize to give feedback.

6. What steps has your organization taken to create a more inclusive work environment?

We incorporate diversity, equity and inclusion into our organization to serve the African immigrants and refugees in our community. This is demonstrated in our board and our workforce. Our board diversity includes 3 Africans, 1 Middle Eastern and 2 Asians and 1 Caucasian. The work force includes the program director and community health worker who are Africans and the youth clinician who is Hispanic. We tailor our services to the language and literacy needs of our community.

We provide cultural competency training to our staff and volunteers to ensure that they have the knowledge and skills to effectively serve the African immigrants. We assist our client in accessing services to other organizations by providing language capacity. We also translate health education materials to make them accessible to our clients.

Through our volunteer program, we make accommodations to our seniors experiencing mobility challenges by delivering groceries to their houses. During such time, we also do check ins with them to prevent isolation and mental health exacerbation. The volunteer program also helps medical students learn about the African culture and understand of social determinants of health barriers in the community.

We advocate for the rights of the Africans in the community by engaging in different task force and community coalitions, to ensure that community resources shared equitably. We educate Africans and share information to help them navigate systems and access services. We speak out where we observe disparities in delivery of services, our organization works as a cultural broker helping clients access equitable resources.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Uhai for Health aims to increase awareness and education about substance misuse within the African community. This includes providing culturally relevant and linguistically appropriate information about the risks of substance abuse, signs of addiction, and available resources for prevention and treatment. Our community is experiencing a substance misuse crisis characterized by recent deaths by opioid overdose, alcohol, suicide and homelessness. Mental health and substance misuse remain a stigma in the African community.
2. We plan to develop targeted prevention programs specifically tailored to the needs and preferences of the African community. These programs may include workshops, support groups, community events, and outreach activities that address the unique cultural, social, and economic factors that contribute to substance misuse in the African community. We need to recreate "Village" where people can have safe spaces to discuss their issues without being judged.
3. Uhai for Health seeks to strengthen partnerships and collaborations with other community organizations, healthcare providers, government agencies, and stakeholders to enhance our capacity to prevent substance misuse in the African community. By working together, we can leverage resources, share best practices, and coordinate efforts to address substance misuse effectively.
4. Our organization is committed to providing culturally competent services and support to individuals and families in our community who are affected by substance misuse. This includes offering education, and referral to treatment, and recovery services that are sensitive to the cultural beliefs, values, and practices of African communities.
5. Uhai for Health will evaluate and measure the impact of our prevention efforts in the African community to assess the effectiveness of our programs and identify areas for improvement. We will collect data, conduct surveys, and gather feedback from participants to monitor progress and make data-driven decisions to enhance our prevention initiatives and advise future programs.

8. How will the funds help you achieve your goals?

1. **Hiring and Training:** The funds will help in hiring and training a community Health Worker who will conduct outreach in the African community. The outreach worker will play a key role in addressing the stigma associated with substance misuse by dispelling the myths and misconceptions about substance abuse, educate community members about the signs and risks of opioids addiction, provide support to individuals and families affected. They will engage the community in a respectful and non-judgmental manner, thus reducing the stigma and encouraging those in need to seek help.
 2. **Awareness and Education:** Developing culturally sensitive materials and resources that address the unique needs and challenges faced by African individuals struggling with substance addiction. Many individuals in the African community face language barriers that prevent them from accessing information and resources related to substance abuse and addiction. Providing materials in multiple languages including Swahili, Twi and Sango can ensure that information is accessible to all individuals regardless of their language proficiency. We also plan to conduct community-wide discussions by bringing expertise to speak on substance abuse consultants.
 3. **Building Capacity:** Building a network with other organizations providing evidence-based interventions including medication-assisted therapy and counseling services to those in need. Being a cultural broker to those organizations that we are referring our clients to, most systems are complex to navigate, advocacy and case management will help promote self-efficacy.
- By increasing awareness, reducing stigma, and providing support, we believe we can make a significant impact in reducing opioid use and improving the overall health and well-being of the African community.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Uhai for health P&L.pdf

Organization's Operating Budget



Uhai Annual Budget 2024.xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	United Communities corp
Organization EIN	82-2772347
Annual Operating Budget	702048
Year Incorporated	2017
Organization Address	109 greenvale Avenue Weymouth, Massachusetts, 02188
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	@ourunitedcommunities.org
Primary Contact Title	@ourunitedcommunities.org
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities.

Multiservice human services

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

United Communities stands proudly as a catalyst for positive transformations within our community. As a mobile 501(c)(3) nonprofit human services organization, our unwavering commitment is to provide tailored equitable assistance, meeting individuals where they are and granting them a voice on their journey towards newfound independence.

2. Describe the services your organization provides or the activities it engages in?

We are the only unfunded nonprofit organization founded, owned, and operated by people of the global majority (people of color, immigrants, and Indigenous). We are the only organization in our community that provides free naloxone, available at various culturally diverse storefronts. We offer 24-hour service for anyone needing assistance at night and can be reached anytime. Additionally, we are the only ones who drive people to recovery centers and other necessary services. Unlike the drop-in centers in the South Shore area that are only open a few days a week, we provide all the services the community needs whenever needed. We have a wide network of collaborations and connect people to the support and care they need. We also help them make calls and create goals. We do not just give them resources and send them on their way; we walk with them on their journey, wherever possible and whenever asked. We also

provide support for their families if needed and wanted. Our outreach navigator has made naloxone available in the community by collaborating with over 50 local stores and putting naloxone on counters where the community can access it for free. We collaborate with local schools to raise awareness of naloxone and overdose prevention. We are part of the Prevention Alliance in our town and collaborate with other organizations to ensure the participants we support have access to their needs. Someone who was unhoused, in a wheelchair, and using substances needed shelter on a Friday afternoon and reached out to us—the only place they could find someone to talk to. We were able to help coordinate a place for them to stay. Someone unhoused and needed supplies contacted us to get a tent, sleeping bag, clothing, and naloxone. Our outreach coordinator regularly checks on the unhoused population and provides the support they might need. We bring awareness to everyone by starting conversations. We help people connect to food services or bring them food that we pick up in collaboration with the food pantry, depending on their needs, trust, and accessibility. We work with Father Bill and help with vouchers. There was an unhoused woman who needed to get Suboxone and had no way of getting to the Suboxone clinic in another town. In collaboration with Plymouth Recovery, we have helped several participants get treatment and support. One instance was a pregnant mother. After she left the program, we helped her maintain medical care and outpatient services. We also support her family, her parents, and children with whom she does not have contact. Our programs are defined as person-centered and collaboratively customized by us and our participants to their needs. Setting attainable goals results in a higher likelihood of success, as defined by our participants.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

We have access to over 15 languages, supported by a polylingual community coordinator and engaged community members who volunteer. For over 20 years, we have worked to build trust and relationships in our community. We connect with community members in priority populations, and our liaisons build trust. We created support networks within each priority population through various methods, ensuring everyone feels connected. Most community members know us by word of mouth. United Communities, with the collaboration of 2 bilingual community members, created two main Brazilian Whats App groups to provide access to equitable resources and support during COVID-19 and have continued this initiative that now has over 500 members and is still growing. We started this initiative due to the overwhelming need for equitable and accessible health information, food, housing, mental health support, connections, substance use support, and school registration of the Brazilian immigrant/migrant community. We collaborate with places of worship, a mental health organization, and other nonprofit groups to provide training on mental health, overdose education, prevention, and naloxone training to over 225 Haitian migrants/immigrants. This initiative took place at 3 different houses of worship on Sundays after service, eliminating barriers, including child care. We created culturally relevant training materials. Each time, everyone left with 4 boxes of Naloxone without shame or stigma. We did this training with the Cabo Verdean population. We went to the Cabo Verdean association after 6 P.M. during what was usually an English class, and again, they all left with 4 boxes of naloxone without shame or stigma. We are the only organization that provides our services and attends international nights and other non-health-related events to support the community. We are collaborating with places of worship to schedule the same training for other populations and create culturally, linguistically, equitable, and relatable training materials.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Our organization is more than accessible and equitable; we do not just focus on those two trendy words. We focus on REAL DEIA&I—Diversity, Equity, Inclusion, Accessibility, and Intersectionality. We pride ourselves on growing based on the population's needs, offering options for people to provide feedback. We are focused on learning more about increasing accessibility through "Alt Text." We have directly connected with the Regional Director of the Massachusetts Commission for the Blind and are educating ourselves on using the best "Alt Text" to enhance accessibility. Additionally, we ensure that our materials are visually accessible for the visually impaired and considered color blind. We aim to continue making our language inclusive to all, addressing various aspects such as gender neutrality and simplification for better understanding among individuals with different abilities. We also prioritize font accessibility to ensure it is dyslexic-friendly and include visuals for those who cannot or have difficulty reading. Furthermore, we consider different learning styles and ensure that the wording is appropriate for

translation and culturally sensitive. These considerations are reflected in our work, including the comprehensive 'Needs Intake Assessment,' which we refer to as an 'Initial Connection Discussion.' Another way this is manifested is in our intentional use of the term 'Participants' instead of 'clients.' The individuals we work with are referred to as participants because they actively choose to engage with us and collaborate on their journey. Our progress is tracked through continuous data collection, including gathering participant feedback. United Communities actively fosters and promotes belonging by sharing DEIA&I principles (Diversity, Equity, Inclusion, Accessibility, and Intersectionality) with other organizations and partners, providing consulting and coaching if needed.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We do not have an overall program that is structured a specific way because everyone is diverse and has unique needs. Our “programs” approaches are based on the needs of the populations we serve. We always do the simplest and easiest thing: we ask the people we serve. Our guiding question is, "How can we help you with what you need?" We intentionally listen first to what they need and then help them customize their own services. Empowering them and setting them up for success. We advocate for their needs and equitable access to services. We meet, talk, text whomever reaches out to us and they tell us what they need. Once they tell us what they need we check to see what else they might need and their goals.

6. What steps has your organization taken to create a more inclusive work environment?

We are so inclusive that people in the community volunteer to help us even though we cannot pay them. We treat everyone like family. We have polylingual members, visually impaired members, deaf members, people in wheelchairs, people from the LGBTQIA2S+ community, and people of all ages and cultural backgrounds. We consider everyone's learning styles, needs, strengths, and what they want to improve. We can provide information visually and auditory, create videos, audio, and visuals, and use color coding and symbols to help with internal organization, which allows access to people who might be color blind or visually impaired. We intentionally understand the communication style of the people who work with us to ensure understanding within our organization. Most of us know sign language and understand that people in the deaf and hard-of-hearing community have their own culture and write with a different grammar. We consider cultural norms and create a safe and open dialogue-driven environment. Additionally, we have created an internal bias work program and conduct this work to continually improve our practices. We address our own well-being and ensure that people who work with us do the same.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our goal is to reach more people and educate them on naloxone with cultural humility, in various languages and forms of accessibility. We aim to break down the stigma of substance use disorder, particularly in relation to culture and religion. We will continue to make naloxone available within the community and expand its accessibility to more locations. Additionally, we strive to provide more transportation for people needing services and establish a mobile wash program for unhoused individuals, offering food and intake services. We plan to expand our support for people in sober homes by improving their access to food, linkage services, and cooking facilities. We would like to expand our very successful mental health, substance use, and naloxone training to more communities. Lastly, We aim to hire or compensate those who have been volunteering for us. We also aim to build our infrastructure.

8. How will the funds help you achieve your goals?

By receiving these funds for the next three years, we will be able to maintain these services and grow them to higher capacity, as well as expand our infrastructure. We are currently mobile, and this funding would help us secure a location and additional staff, creating a safe space where our participants can come to receive supplies and support. Additionally, it would allow us to expand our mobile outreach. As of now, we are self-funded and do not receive external support. If we do not receive these funds, we will need to cut some of the unique and valuable support services that we currently provide to our community, some of which are only available through us, such as after-hours support. Therefore, these funds are instrumental in helping us not only continue but also expand our services.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



33_2023 UCC Budget - Sheet1 _8585.pdf

Organization's Operating Budget



2023 UCC Budget - Sheet1.pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

United Way of Greater Plymouth County

Organization EIN

04-2103940

Year Incorporated

1922

Organization Address

934 West Chestnut Stree
Brockton, MA, Massachusetts, 02301

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@uwgpc.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]@uwgpc.org

Title

[REDACTED]

Preferred Pronouns

he/him/his

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 5: Southeast

Check the most relevant box along the continuum for your services or activities. Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Youth

Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

United Way of Greater Plymouth County was established in 1922 and is now celebrating 102 years of caring for the community. Our mission is "to unite people, ideas and resources to improve lives and to build a strong community".

2. Describe the services your organization provides or the activities it engages in?

UWGPC raises funds from local businesses and individual philanthropists for several dozen nonprofit community partners based on the degree that these partners demonstrate that they are able to meet the community's most urgent needs. Those most urgent needs are: homelessness and housing, feeding our families, access to affordable health care, supports for our children and youth, and workforce development. We cover the city of Brockton and 21 towns in southeastern MA.

Beyond the traditional United Way activities of raising money to allocate to vital services through a strong network of nonprofit organizations, UWGPC through contracts with the Massachusetts Department of Children and Families operates a Family Resource Center (FRC) as well as a Community Connections of Brockton (CCB). Through The FRC and CCB, our United Way reaches out to families and children to supply information and referral services in addition to running on site education and support groups at The Family Center located at 1041 Pearl Street.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Brockton, the City of Champions, though it is a "gateway city" having welcomed people of diverse racial and ethnic backgrounds for decades, can hardly be considered a "sanctuary" city as it has routinely been often overlooked in the provision of resources to meet the very real needs of these diverse peoples. More than twenty years ago, the Superintendent of the Brockton Public Schools announced in a public meeting that collectively people from diverse backgrounds comprised over 51% of Brockton's population. That fact would make diverse peoples in Brockton the "majority", and yet in so many ways, the Black, Indigenous and People of Color (BIPOC) receive less resources and insufficient services to allow them to lead sober, healthy, and decent lives. The current population of the City of Brockton is in excess of 104,000 but due to the undercounting of BIPOC, there could be as many as 125,000 with over 70,000 being from diverse ethnic and racial backgrounds. With research indicating that they experience less sustainable wages and more significant social, emotional and health problems than the general population. Targeted help can change that.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Our DCF contracts required our Family Resource Center and Community Connections of Brockton programs and services to be accessible to diverse people. We use social media and traditional networking with non profit organizations to "spread the word" on available services both at the Family Center and in the community. We routinely offer free diapers, personal care items, car seats, strollers, baby formula, food cards and other needed items to families. We offer educational and support groups, including parenting skills, nurturing fathers, and grandparents raising grandchildren as well as other family activity opportunities like "movie nights" and "children's crafts".

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Both of our DCF contracts require that we have an "advisory" council that is comprised of 50% parent and youth representatives. These advisories are scheduled to meet monthly. We also encourage families seeking services at The Family Center to complete satisfaction surveys to help us add or improve needed services.

6. What steps has your organization taken to create a more inclusive work environment?

Guided by our contracts with the MA Department of Children and Families, we hire staff at our Family Center that are racially and ethnically diverse with over half of our 14 staff members speaking a second language (Brazilian, Portuguese, Haitian). Also, we have begun a more aggressive approach to Board member recruitment and staffing on the United Way side of the house. Currently, 1 of our 4 United Way staff and 3 of our 14 Board members are BIPOC. We will continue these efforts until the composition of our staff and volunteers match our community.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Establish the baseline for Opioid Involved/Addicted BIPOC Youth in the City of Brockton with a Comparison Rate for the non BIPOC population.
2. Craft effective educational intervention programs targeted for BIPOC youth who are both seeking services from The Family Center in Brockton, at Boys and Girls Club and Y programs as well as youth in the Brockton Public Schools in grades 5 - 8.
3. A 10-15% reduction in Opioid overdoses

8. How will the funds help you achieve your goals?

Primarily, RIZE funds would be utilized to hire a Mosaic Recovery Champion (a skilled human services person with lived experience in recovery with a diverse racial/ethnic background) who would coordinate

initial efforts to identify the differential rate of BIPOC youth involved with opioids as compared to the general population in the City of Brockton, craft interactive presentations meant to prevent BIPOC youth involvement with opioids, then to document the success of these programs by monitoring ongoing rates of opioid involvement of BIPOC youth with the real hope of achieving a significant reduction in these rates for BIPOC youth.* The potential for success would be greatly enhanced by the parallel networking efforts of the Mosaic Recovery Champion with existing substance abuse prevention, intervention and treatment programs as well as established recovery coalitions.

* Though it may lead to this application being mechanically rejected, I have intentionally requested an amount of funding beyond the set parameters for this grant for an organization our size. A full time position for the role described above requires a decent wage and benefits. Someone with the "hands and feet" to do this job with a clear "vision" will require a salary of \$60,000 with taxes and benefits and a small administrative expense will bring the annual figure to \$100,000 and thus the three year total to \$300,000. If this amount is not possible, we understand. We just wanted to be upfront with our realistic perspectives on how to be successful. Thank you for your understanding.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



United Way of Greater Plymouth Coun... .pdf

Organization's Operating Budget



FY 2024 BUDGET.xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Wednesday Meeting DBA Whose Corner Is It Anyway

Organization EIN

83-1517371

Year Incorporated

2018

Organization Address

1187 Northampton St, Floor 1
Holyoke, Massachusetts, 01040

Are you a fiscally-sponsored project?

Yes

Name of Fiscal Agent

NC Survivors Union Inc.

Fiscal Agent's EIN

83-2129340

Fiscal Agent's Organization Address

1116 Grove St
Greensboro, North Carolina, 27403

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@urbansurvivorsunion.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.

- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 1: Western MA

Check the most relevant box along the continuum for your services or activities.

Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

Older adults

sex workers and trafficking survivors who use opioids/stimulants and/or experience housing insecurity

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

We are a mutual aid, harm reduction, & organizing group by/for housing insecure, stimulant/opioid-using low-income sex workers & trafficking survivors. Our mission is to create community care for the most marginalized people who use drugs & trade sex, because we know what our community needs better than any service provider.

2. Describe the services your organization provides or the activities it engages in?

We host English/Spanish bilingual open hours where we offer:

*Actively monitored safer bathrooms

*Peer-run overdose reversal trainings with mannequin practice

*Low-threshold employment, e.g. paid surveys & writing opportunities

*A bad date list

*Snacks and lunch

* Referrals to health and service provider partners—wound care referrals to the Baystate Health Emergency Department Health Equity Team, promoting the use of the SafeSpot helpline for overdose prevention

During open hours we distribute:

*Safer supplies for injecting, smoking, and sniffing drugs, including xylazine and fentanyl test strips,

*Hygiene supplies including wound care materials specifically for xylazine wounds

*Sexual health supplies including condoms of various sizes, non-latex condoms to negotiate condom use with clients claiming latex allergies, lube, and pregnancy tests

Right now, at all hours we offer:

*Emergency Ubers e.g. to take advantage of housing opps or escape DV

*Emergency funds via collaboration with Lysistrata, a national sex worker mutual aid fund

*Expedited bailouts in collaboration with the MA Bail Fund, including bail out directly from lockup before transfer to jail whenever possible.

We have also recently revived our street outreach team, providing many of the above services and supplies to our most vulnerable houseless members and literally meeting them where they're at.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The population we both serve and represent are cis and trans women and non-binary people who are low-income sex workers and trafficking survivors, who either a) have been/are homeless, b) use/used opioids and/or stimulants and/or c) sex work/worked outside. Whose Corner members become members by attending programming through vouches from other members. We have 150-250 members.

A recent survey of members found:

~21% were Black/African American/AfroLatina

~30% Puerto Rican/Dominican/otherwise Latin

~41% white

~8% Native.

86% identified as women, 4% as genderfluid.

36% had overdosed in the past. 64% had been present when someone overdosed. 58% had someone close to them die of overdose.

71% were not in opioid agonist treatment; 29% were on methadone. None were on buprenorphine.

Past polling revealed that we were:

48% composed of people who identified as disabled or chronically ill.

Majority gay, queer, lesbian, or bisexual. (68%).

Highly criminalized (29% had been arrested for sex work related offenses; 60% had been arrested for non-sex work offenses).

Extremely housing insecure (19% were currently sleeping outside; 70% had been homeless in the past).

People entrenched by poverty and exploitation in low-income sex work throughout our lives and over generations (47% began trading sex as minors; 29% were second generation sex workers).

Composed of many survivors of situations that could be defined as domestic violence (56%) or trafficking (20%), as well as survivors of child abuse (56%).

Composed of many people who identified as having mental health issues (88%) and people who identified as having PTSD (93%).

As L, a grantwriting subcommittee member said, “We cater to a unique group of individuals that a lot of other organizations won’t. We’re a diverse group—that’s a lot more voices to hear from, and that changes things.”

II. We’d like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

*Directly representative leadership: Our leaders—our subcommittee members—are drawn from our membership, picked by a majority vote of directly impacted leaders from a waiting list of members. 50% or more of our subcommittees, which serve as both our decision making bodies and our staff, must be people of color. Otherwise, we’ve found white members feel entitled to volunteer for leadership more often. Many subcommittee members have been members of the organization since our inception. They’ve had multiple opportunities to design and implement programming. Our leaders know how to tailor programming to be accessible because they are also directly impacted members.

*Intensive English/Spanish translation-Holyoke is 52% Latine, a demographic substantially represented in our membership. Many members are internal migrants from Puerto Rico and some speak little to no English. Two people always staff our supply distribution room, and one must speak Spanish. Our essay writing and survey sessions feature translated handouts and supportive live translation. Subcommittee member translators rotate in and out by the hour to remain fresh for this work.

*Racial equity in resource distribution—for example, 50% or more of emergency funding requests we fulfill per month through our partnership with Lysistrata must be from people of color.

*Black and Latine drug culture knowledge and tradition—We tailor our harm reduction supplies toward Black and Latine cultures of use. For instance, we included foil in our smoking supply kits based on a Black leader’s suggestion around Black powder opioid smoking cultures in the area.

*Serving mobility impaired people first with supplies.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

First and foremost, all our leaders are themselves housing insecure current or former sex workers and trafficking survivors who use drugs and/or experience housing insecurity.

Additionally, our paid essay questions and surveys serve not only as low-threshold employment, but also as an opportunity for program evaluation. We use essay questions as part of our collaborative grant writing process so members can also give input on programs and services they want to see.

We believe in bottom-up solutions that stem from our community. For instance, we designed our safer smoking supply kit with a panel of people who smoked stimulants and opioids. Unlike many harm reduction programs which adhere to public health orthodoxy to the detriment of intervention acceptability, we didn’t foist Pyrex pipes and silver filters on communities who told us they preferred Love Roses pipes and Chore Boy. (We know many harm reduction programs whose trash cans are full of those discarded silver filters!) This safer smoking kit design remains subject to community revision. We’re in constant communication with the organizations that distribute them—Black-and-Latine-led Hampden County community organization New North Citizens Council and the Baystate Health Emergency Department—to see how we can better adapt them to communities receiving them.

6. What steps has your organization taken to create a more inclusive work environment?

Not only must our subcommittees be composed of 50% or more people of color, we also have a practice of breaking ties in majority votes by deferring to leaders of color.

Our work environment is also inclusive from a disability justice lens. We make sure to create realistic project schedules, and prioritize sustainability above speed. We include time for multiple breaks in our work schedules, and we trust our staff to pace themselves. For instance, we’ve created a regimen of

generous self-scheduled breaks in our manufacturing hours out of an hour's paid break time in each short shift as well as a paid lunch.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

*Renting and renovating our own office space—we're constrained to weekly programming in the space we rent from another organization, only available to us on weekends. Our staff are parents and can't work on Saturdays and Sundays. This limits us to Friday programming. We have no storage space there, adding a 1-2 hour burden of load-in and load-out of supplies. Our own space would allow us to scale up programming.

It's also culturally important to members and leaders to have home-cooked sit-down meals for 20-30 people. The small kitchen at the site only allows us to serve 4-6 people at a time with frozen meals and salads. A space with a fully operational kitchen would let us provide more nutritious and culturally appropriate community meals. This would give staff workforce development in food service, a capacity building measure which subcommittee members request.

Our goal will be to rent and renovate a downtown storefront with ample storage space. We'll locate a space with a spacious kitchen or hire contractors to install one.

*Expanding kit making assembly—given our rented space's limitations, we can only have one kit assembly day a month.

Our community-designed safer smoking and sniffing kits are in much demand among members and their community. Safer smoking supply availability has been nationally acknowledged as key to bridging a harm reduction racial equity gap. Many Whose Corner stimulant smoking members of color express that they don't feel syringe service programs are designed for them because of the emphasis on injection over smoking supplies. Smoking and sniffing supplies are also a harm reduction measure to switch to a less dangerous route of administration. They're a powerful tool of engagement for uptake of other services.

We've often been the only reliable source of safer smoking kits in Hampden County; our local SSP has limited smoking supply inventory. While we currently give out kits to New North Citizens Council and the Baystate Health Emergency Department, there's interest in distributing our kits from the Massachusetts Bail Fund and the Mercy Hospital Emergency Department. We've so far only sent a limited supply to the Bail Fund. We'd like to be able to donate kits to other community partners such as recovery organization Hope for Holyoke. All these partners provide essential recovery, treatment, and social services. They'd be able to attract more participants by dispensing our kits.

By securing our own space, we can expand to weekly kit assembly hours.

*Implementing cost of living adjustment to salaries—Though we're based in the second poorest city in Massachusetts, rent, groceries, and other living expenses are rising precipitously. Our Program Manager's salary has remained stagnant for years. Our Development Director's position has been volunteer for two years. Both are part of the directly impacted group we serve. We'd like to improve labor conditions through a cost-of-living salary increase. This would also provide precedent for a living wage salary for other staff members when they transition to payroll from the cash gifts they currently receive to accommodate being unbanked.

8. How will the funds help you achieve your goals?

We've reached the limit of what we can achieve by renting another community organization's space, which we've done since our founding in 2017. Securing our own location would allow us to dramatically expand kit assembly hours as well as other programming, increasing operating capacity for a harm reduction organization led by multiply marginalized, directly impacted people.

We would utilize the bulk of these funds to rent and renovate an office space. We would locate a suitable storefront, many of which are available in Holyoke's downtown area. We would price and hire contractors

to renovate the space, including installing a fully functional kitchen. We would also consult with a lawyer with expertise in commercial leases to provide guidance as well as an architect to design high quality, intentional renovations.

We will either seek a business loan against the entire grant amount in order to implement all the renovations and furniture purchases at the beginning of the grant, or design the renovations to be done in stages as the grant comes in.

The attached budget assumes the first year of renovations in stages without a loan. In this scenario, the first year of renovations would prioritize storage and office space. The second year of renovations would prioritize a kitchen. The third year of renovations would prioritize finishing work as well as devoting any extra to staff cost-of-living raises and increasing our kit assembly capacity.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



NCSU Audited Financials.pdf

Organization's Operating Budget



WCIIA RIZE Mosiac General Operatin... .xlsx



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

WellStrong

Organization EIN

81-1935657

Year Incorporated

2016

Organization Address

180 Teaticket Highway
East Falmouth, Massachusetts, 02536

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@wellstrong.org

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 5: Southeast

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply). People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

WellStrong’s mission is to create safe, supportive communities of people in recovery from substance use disorder (SUD) through whole person health inclusive of, but not limited to fitness, wellness, and meditation. WellStrong’s community fosters recovery through wellness practices that enhance individual resilience within a group support system.

2. Describe the services your organization provides or the activities it engages in?

WellStrong (WS), an entirely peer-led and governed recovery community wellness center, offers a safe, supportive, and sober environment that allows individuals in all stages of recovery from SUD to participate in a variety of wellness activities that build recovery capital and fosters connection, inclusion, improvement of quality of life, and sustained recovery through a variety of its programs. Programming and services include recreational and wellness activities e.g.: yoga, barre, meditation, and spin, social events e.g.: breakfast club, fun runs, education e.g.: workshops on self-defense, resume building, trainings e.g.: Narcan, 1:1 Peer Recovery Support Services (PRSS), outreach, facilitation and leading of recovery groups, and linkages to care e.g.: housing, childcare, primary care, among others.

Our unique center structure is designed to facilitate a seamless progression from participant to mentor, offering a space for personal growth, community engagement, and job opportunities. Members are encouraged to take on various roles such as Studio Mentors, where they provide peer support and guidance based on their own recovery experiences. Additionally, there are opportunities for members to volunteer, further strengthening their commitment to sobriety and community involvement. Some members pursue certification as fitness instructors, further contributing to a self-sustaining cycle of inclusivity and support within our organization.

In addition to structured activities, WS emphasizes the importance of creating a community where members feel valued and connected. Our organization hosts various events and social gatherings that encourage members to build strong, supportive relationships with one another. These connections are vital for maintaining long-term recovery, as they provide a network of peers who understand the challenges and triumphs of the sobriety journey. Through shared experiences and mutual support, members are able to create lasting relationships that enhance their overall well-being.

WS's offerings extend beyond traditional recovery support by empowering members to use their newfound habits and skills in the professional environment. Our programs focus on the holistic development of individuals, helping them to build resilience through wellness practices. By fostering essential life skills such as discipline, teamwork, and leadership, we equip our members with the tools they need to thrive in their Cape Cod communities and beyond. This empowerment not only aids in their personal recovery but also positions them for success in their professional lives, enabling them to make meaningful contributions to society.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

WS serves a diverse and inclusive population of 2,553 clients, all of whom are in recovery from SUD. Our primary focus is on equitable access to our support services for these individuals.

The gender distribution of our clients includes 49% female, 42% male, and 8% preferring not to disclose, ensuring our programs cater to a wide range of identities. This balance allows us to address the specific needs of various gender groups, fostering a supportive and inclusive environment for all in recovery. Our age demographics, reported by 1,688 members, show that 5% are 18-24, 32% are 25-35, 33% are 36-49, and 28% are 50 and older. This data allows us to tailor programs to meet the varying needs of each age group. For instance, younger adults may benefit from peer mentorship and personal development opportunities, while older adults might focus more on holistic wellness practices and community engagement.

Racial diversity, as reported by 821 members, includes 84% White, 5% Black or African American, 6% Hispanic or Latino, 1% Asian/Pacific Islander, and 1% Native American or American Indian. While our population is predominantly White, we make a concerted effort to serve underrepresented communities through partnership with other agencies that serve vulnerable populations such as those who are homeless or unstably housed as well as agencies that serve the BIPOC community. We recognize the importance of cultural competence and strive to create an environment where all members feel seen and valued.

Focusing on individuals in recovery from SUD is vital as this population often encounters significant barriers to maintaining sobriety and achieving overall wellness. People in recovery are at a high risk of relapse, which can be triggered by a lack of support, isolation, and personal challenges. By providing a structured, supportive environment, WS helps mitigate these risks and promotes long-term recovery.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

At WS, we are dedicated to ensuring that our programs and services are accessible and equitable to all, particularly those in recovery from SUD. We employ a multifaceted approach to achieve this goal, focusing on inclusivity, community engagement, and continuous improvement.

Diverse and Inclusive Staff: We prioritize hiring staff and volunteers who reflect the diversity of our community. This includes individuals of different racial, ethnic, and cultural backgrounds, abilities, as well as those with lived experience in recovery. Studio Mentors are required to be in recovery from SUD to offer peer-to-peer support to the members. By fostering a diverse team, we create a welcoming environment where all members feel understood and supported.

Ongoing Trainings: All staff are trained in trauma-informed care, cultural competency, and the evidence-based component of peer recovery support services. WS monitors and registers its staff for new trainings that represent its mission and the population served including but not limited to updates to trauma informed care, cultural humility, and LGBTQIA+ to name a few. To maintain certifications staff also participate in continuing education opportunities.

Community Partnerships: We collaborate with local organizations across Cape Cod to reach underserved populations. These partnerships help us extend our services to those who may not be able to visit our main location, ensuring broader access to our recovery programs. Collaborations include but are not limited to recovery centers, treatment centers, health centers, the Barnstable County Sheriff's Office, and Habitat for Humanity, among others.

Virtual Programming: To overcome geographical barriers, we offer a variety of virtual programming options. This allows individuals from different parts of Cape Cod, including those in remote areas, to participate in our wellness activities and recovery support groups without the need for travel.

Inclusive Programming: Our programs are designed to be inclusive of all genders, ages, and racial and ethnic backgrounds. We offer a wide range of activities that cater to different interests and needs, from fitness classes and wellness workshops to peer support groups and professional development opportunities.

Financial Accessibility: We are committed to ensuring that financial constraints do not prevent individuals from accessing our services. Our policy of never turning anyone away due to inability to pay is a cornerstone of our approach. We offer membership donation options as low as \$10 per month and scholarships to make our programs financially accessible to all.

By implementing these strategies, WS ensures that our programs and services are accessible and equitable to all community members. Our commitment to inclusivity and continuous improvement allows us to provide effective support to those in recovery from SUD, helping them achieve lasting wellness and integration into the community.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

At WS, we place great emphasis on ensuring that the voices of the people we serve actively inform and shape our programs and services. We believe that incorporating feedback from our members is crucial to creating effective and responsive support systems for those in recovery from SUD.

Here are the key methods we use to ensure the voices of recovery are heard:

Our Board and Staff: We include individuals in recovery on our board of directors and staff. By having members who have personally navigated the recovery journey in leadership positions, we ensure that our strategic direction and day-to-day operations are informed by firsthand experiences and insights.

Surveys: We conduct surveys to gather feedback from our members about their experiences with our programs and services. These surveys cover a wide range of topics, from the effectiveness of specific activities to overall satisfaction with our support. The data collected is analyzed and used to make informed decisions as well as adjustments, if necessary.

Suggestion Box: We have suggestion boxes placed in our facility where members can anonymously provide feedback, ideas, or concerns. This allows individuals who may not feel comfortable sharing their thoughts in groups or surveys to have their voices heard.

By employing these diverse methods, WS ensures that the voices of the people we serve are integral to the development and refinement of our programs and services. These ongoing communication methods not only improve the quality and relevance of our offerings but also empower our members by validating their experiences and contributions.

6. What steps has your organization taken to create a more inclusive work environment?

At WS, we recognize the importance of fostering a diverse and inclusive work environment, and we have implemented several initiatives to achieve this goal:

Diversity, Equity, Inclusion, and Belonging (DEIB) Training: We provide DEIB training for all staff members to increase awareness and understanding of issues related to diversity, equity, and inclusion. These training sessions cover topics such as unconscious bias, cultural competency, and creating inclusive spaces. By equipping our team with the necessary knowledge and skills, we strive to create a workplace where everyone feels valued and respected.

Inclusive Recruitment Practices: We have implemented inclusive recruitment practices to attract a diverse pool of candidates for job openings. This includes attending college fairs, and partnering with community organizations that support diversity in the workforce. By casting a wide net and actively seeking diverse talent, we strive to build a team that reflects the rich diversity of our community.

Personal Development Programs: We offer employees free trainings through a scholarship fund to provide opportunities for skill-building, career advancement, and leadership development for all staff members.

These programs may include workshops, seminars, and training sessions. By investing in the professional growth and development of our employees, we demonstrate our commitment to creating an inclusive workplace where everyone has the opportunity to succeed.

Flexible Work Arrangements: We provide flexible work arrangements flexible hours, and compressed workweeks, to accommodate the diverse needs and preferences of our employees. This flexibility allows staff members to balance their recovery, work, and personal responsibilities, leading to higher job satisfaction and increased productivity. Special work arrangements are available for those new to recovery, allowing them to prioritize their 12-step meetings or other vital recovery resources, and we are committed to re-hiring employees following a relapse based on their individual commitment to re-enter recovery.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Over the next three years, WS has outlined three key goals to further our mission of supporting individuals in recovery from SUD and creating a healthier, more resilient community. Our top goals include:

Hire a Development Director: Our primary goal is to hire a dedicated Development Director to support our growth and sustainability goals. This key leadership position will be responsible for overseeing all aspects of fundraising, donor relations, and grant writing. To date, the Executive Director has held the primary responsibility of these tasks, but with WS's planned growth, her primary role will become the oversight of the financial, technical, and operational functions needed to support the new strategic direction. It is essential to add a second fulltime employee to assist with securing the additional funding needed to for expansion of services and sustainability. The Development Director will play a crucial role in identifying and cultivating new funding opportunities, stewarding existing donors, and building strategic partnerships to support our organizational objectives. By investing in professional fundraising expertise, we aim to increase our financial resources and expand our capacity to serve the community.

Create a Strategic Plan: Over the last seven years, WS has experienced rapid growth, highlighting the urgent need for a strategic plan to ensure our continued success and viability. Although we have not had the resources to create one until now, we are committed to developing a comprehensive strategic plan that outlines strategies for financial stability, program growth, and community engagement. We will use this funding to hire a consultant with expertise in strategic planning who will assist us in developing our strategic plan.

Open a Second Location: To expand our reach, our goal is to open a second location in the Outer Cape area. This expansion will allow us to extend our services to a broader population, reaching individuals who may not have easy access to our current facility or any recovery resources. By strategically selecting a location with high demand for recovery support services, we aim to maximize our impact and help more people on their journey to sobriety and wellness.

These goals reflect our commitment to expanding our reach, increasing our impact, and building a stronger, more resilient organization that can effectively support individuals in recovery and promote wellness in our community.

8. How will the funds help you achieve your goals?

The funds will significantly advance WS's growth by funding a full-time Development Director, pivotal for spearheading fundraising, cultivating donor relationships, and securing grant funding. Additionally, a seasoned consultant will create a strategic plan for sustainability, program expansion, and community engagement. Essential technology, management, and oversight, including launching a second location with facility setup, staffing, and marketing, will also be supported.

The hiring of a Development Director is critical for WS's financial sustainability. Currently, our Executive Director manages both roles, which is unsustainable. A Development Director will secure vital resources for sustaining operations and expanding, nurturing donor relations, cultivating new funding sources, and identifying partnerships crucial for revenue growth.

Developing a comprehensive strategic plan is crucial for WS's continued success. With significant growth over the past seven years, there's a critical demand for our services. Additional resources will help create a strategic roadmap integrating financial stability, expanding programs, and enhancing community engagement. A skilled consultant will help navigate challenges and capitalize on opportunities over the next 3-5 years.

Expanding our reach is crucial to WS's mission of supporting long-term recovery. With over 80% of the

2,533 individuals impacted residing in Falmouth, a second location is necessary. This new site will broaden access to our programs, empowering more individuals on their recovery journeys. The Development Director will secure the financial resources needed to sustain and operate this new location, reducing barriers to recovery support and ensuring accessibility and effectiveness. These funds will empower WS to enter a transformative phase of growth. Strategic investments in technology, management, and establishing a second location will expand our outreach and enhance our capacity to serve a broader community. With these resources, WS is poised to make a difference in the lives of more individuals and families, fostering resilience and supporting sustained recovery across diverse communities.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Reviewed FS - 2023 - Wellstrong.pdf

Organization's Operating Budget



Budget WellStrong 2024 Worksheet A... .xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

#Winnin Against Addiction

Organization EIN

27-2865820

Year Incorporated

2023

Organization Address

P.O. Box 230004
Boston, Massachusetts, 02123

Are you a fiscally-sponsored project?

Yes

Name of Fiscal Agent

Truth & Love Global Ministries

Fiscal Agent's EIN

27-2865820

Fiscal Agent's Organization Address

P.O. Box 230004
Boston, Massachusetts, 02123

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]@gmail.com

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]@yahoo.com

Title

Preferred Pronouns

she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 6: Boston area

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

"Our mission at ‘#Winnin Against Addiction Community Recovery Center’ is to empower individuals to overcome addiction through compassionate support, and evidence-based interventions. We aim to break the cycle of addiction, restore hope, and inspire lifelong wellness for all those affected."

2. Describe the services your organization provides or the activities it engages in?

1. Safe and Sober Community Environment: A primary service offering a drug-free and alcohol-free social space. This environment helps individuals in recovery avoid triggers and temptations that could lead to relapse.
2. Peer Support: Individuals will help others recover, providing a built-in support network. Peer encouragement and shared experiences foster a sense of community and mutual understanding.
3. Accountability and Structure: Our recovery center will enforce rules and

guidelines to maintain order and discipline. There will be a zero-tolerance policy for substance use.

4. **Counseling and Therapy:** Access individual and group therapy sessions. These sessions help individuals address underlying issues related to addiction, develop coping strategies and set personal goals.
5. **Life Skills Training:** Prepare individuals for independent living; we will offer training in essential life skills such as budgeting, cooking, job searching, and time management. These skills are crucial for maintaining a stable and productive lifestyle post-recovery.
6. **Access to Medical Care:** Coordination with healthcare providers to ensure individuals receive necessary medical attention.
7. **12-Step Meetings and Support Groups:** Participation in 12-step programs like Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) are commonly encouraged. These programs offer additional support and a structured approach to maintaining sobriety.
8. **Case Management:** Case managers will work with individuals to develop and follow through on individualized recovery plans, connecting them with community resources, vocational training, and educational opportunities, and will also include helping them procure permanent housing.
9. **Relapse Prevention Planning:** Developing personalized relapse prevention plans is crucial. Individuals will work with staff to identify triggers, create coping strategies, and establish a support network to manage potential relapse situations effectively.
10. **Legal Assistance:** Many individuals in recovery have legal issues related to their substance use. We will provide access to legal advice and support, helping individuals navigate court appearances, probation requirements, and other legal matters.
11. **Nutritional Counseling:** Proper nutrition is essential for physical recovery. Our center will offer nutritional counseling and meal-planning services to ensure individuals adopt healthy eating habits, aiding their overall recovery process.
12. **Transportation Services:** Access to reliable transportation can hinder many in recovery. Transportation will be provided to therapy sessions, job interviews, medical appointments, and 12-step meetings.
13. **Alumni Programs:** An alumni program will be offered to maintain connections and continue support after leaving the recovery center. This program will include regular check-ins, social events, and continued access to counseling and support groups.

#Winnin Against Addiction Community Recovery Center will offer a comprehensive array of services and activities to support individuals in their journey to sobriety. By providing a structured, safe environment, emotional support, and practical life skills, these benefits will play a crucial role in helping these individuals achieve long-term recovery and reintegration into society. These individuals share the need for an environment that promotes sobriety. Fostering a sense of community, #Winnin Against Addiction Community Recovery Center will help residents achieve long-term recovery, rebuild their lives, and regain their independence, ultimately contributing to healthier, more resilient communities.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The priority population for #Winnin Against Addiction Community Recovery Center are individuals in the early stages of recovery from substance and alcohol abuse who have completed a residential treatment program or just getting out of prison. These individuals often need a supportive, structured environment to help them transition back to independent living. The priority population can be further specified as follows:

1. Individuals in Early Recovery:

- ❖ **Commitment to Sobriety:** Individuals who are committed to maintaining their sobriety but require additional support and structure to avoid relapse.

2. People with Co-Occurring Disorders

- ❖ **Dual Diagnosis:** Individuals diagnosed with both substance use disorder and mental health conditions such as depression, anxiety, and PTSD. These individuals need integrated care that addresses both issues concurrently.

3. Individuals Exiting the Criminal Justice System

- ❖ **Reentry Support:** Individuals who are transitioning out of the criminal justice system and need support to reintegrate into society. These individuals often face significant barriers to employment and housing, and a recovery center can provide a stable foundation for rebuilding their lives.

4. Individuals Seeking Long-Term Recovery Support:

- ❖ **Chronic Relapse History:** People with a history of chronic relapse who need a long-term supportive environment to help sustain their recovery efforts.

The priority population for #Winnin Against Addiction Community Recovery Center will be diverse. It will be individuals who come from different backgrounds and circumstances. The common thread among them is the need for a supportive, structured environment that helps them to maintain sobriety, develop life skills, and reintegrate into society. By addressing the unique needs of this population, the recovery center plays a crucial role in fostering long-term recovery and overall well-being.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Ensuring our community recovery center and services are accessible and equitable to all community members requires a multifaceted approach. This involves addressing barriers related to financial constraints, cultural and linguistic differences, age, and other specific needs. Here are some key strategies that can help us achieve accessibility and equity:

Cultural and Linguistic Competence

- 1. Cultural Sensitivity Training:** Providing regular training for staff on cultural competence ensures that they are aware of and sensitive to the diverse cultural backgrounds of residents. This training should cover cultural norms, values, and potential biases.
- 2. Language Services:** Offering services in multiple languages, including having bilingual staff or providing interpreter services ensures that non-English-speaking individuals can fully participate in and benefit from the recovery center as well.

Addressing Physical and Mental Health Needs

3. **Integrated Care:** Ensuring access to comprehensive medical and psychiatric care, including managing co-occurring mental health disorders, is essential for holistic recovery. Collaboration with healthcare providers can facilitate this integrated approach.
4. **Accessibility for Individuals with Disabilities:** Making physical modifications to the facility, such as wheelchair ramps, accessible bathrooms, and appropriate signage ensures that individuals with disabilities can navigate the environment comfortably.

Community Outreach and Education

5. **Community Partnerships:** Building partnerships with local community organizations, faith-based groups, and social service agencies help to raise awareness about available services and ensure that marginalized groups are reached.
6. **Public Awareness Campaigns:** Conducting outreach and education campaigns to inform the community about the services offered and the importance of recovery can help reduce stigma and encourage individuals from diverse backgrounds to seek help.

Continuous Evaluation and Improvement

7. **Feedback Mechanisms:** Implementing systems for collecting individual feedback about their experiences can help identify service gaps and improvement areas. Regular surveys, suggestion boxes, and focus groups are effective tools.
8. **Data-Driven Decisions:** Using data to monitor the demographics of those served and their outcomes can help identify disparities and guide efforts to ensure equitable access. Analyzing this data allows for adjustments to be made to better serve underrepresented groups.

Ensuring our recovery center is accessible and equitable to all community members will require a comprehensive and proactive approach by addressing financial barriers and promoting cultural and linguistic competence. By integrating physical and mental health care and engaging in continuous community outreach and evaluation, our recovery center can create an inclusive environment where all individuals have the opportunity to recover and thrive. This holistic and inclusive approach not only supports the individuals in recovery but also contributes to the health and resilience of the entire community.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

#Winnin Against Addiction Community Recovery Center will ensure that the voices of the people we serve inform its programs and services by creating effective, responsive, and personal-centered care. Here are several strategies we will use to achieve this:

Regular Feedback Mechanisms

❖ **Surveys and Questionnaires:** We will conduct regular surveys and questionnaires to gather individuals' opinions on various aspects of the program. These tools should be anonymous to encourage honesty and cover topics such as the quality of services, staff interactions, and overall satisfaction.

❖ **Suggestion Boxes:** Place a suggestion box in an accessible area within the facility. This will allow individuals to provide feedback and suggestions anonymously at any time.

Resident Committees and Focus Groups

❖ Resident Advisory Committees: Establish advisory committees. These committees can meet regularly to discuss concerns, provide feedback, and suggest improvements to the program and its' services.

❖ Focus Groups: Organize focus groups to delve deeper into specific issues. These groups can be structured around particular topics, such as program effectiveness or new service ideas.

Direct Communication Channels

❖ Regular One-on-One Meetings: Schedule regular one-on-one meetings between individuals and their case managers or counselors. These sessions provide an opportunity for personalized feedback and discussion about the individual's experience and needs.

❖ Open Door Policy: Encourage an open-door policy where individuals feel comfortable approaching staff and management with their concerns and suggestions.

Transparent Decision-Making

❖ Feedback Implementation Updates: Regularly update individuals on how their feedback is used to make changes. This transparency will help build trust and show their voices are valued and impactful.

❖ Meetings and Forums: Hold regular meetings and forums where management discusses upcoming changes and gathers immediate feedback from individuals. These sessions should be interactive and include time for Q&A.

6. What steps has your organization taken to create a more inclusive work environment?

#Winnin Against Addiction Community Recovery Center will create a more inclusive work environment by implementing policies, practices, and a culture that values diversity, equity, and inclusion. These are some steps we will take to achieve this goal:

Recruitment and Hiring Practices

❖ Diverse Recruitment Channels: We will use a variety of recruitment channels to reach a diverse pool of candidates. Advertise job openings on platforms that cater to different demographics and professional networks.

❖ Inclusive Job Descriptions: We will write job descriptions emphasizing the organization's commitment to diversity and inclusion. Use inclusive language and highlight the importance of cultural competence.

Training and Development

❖ Diversity and Inclusion Training: We will provide regular training for all staff on diversity, equity, and inclusion. This should cover topics like unconscious bias, cultural competence, and inclusive communication.

Inclusive Policies and Practices

❖ Equal Opportunity Policies: Develop and enforce policies that promote equal opportunity and prohibit discrimination based on race, gender, age, religion, sexual orientation, disability, and other protected characteristics.

Creating an Inclusive Culture

❖ Leadership Commitment: Ensure the team strongly commits to diversity and inclusion. Leaders should actively promote and model inclusive behaviors and hold themselves and others accountable.

❖ Open Communication Channels: We will foster an environment where employees can confidently voice their opinions, concerns, and suggestions. Implement mechanisms such as regular staff meetings, anonymous feedback systems, and open-door policies.

Recognizing and Valuing Diversity

❖ **Regular Assessments:** Regularly assess the organization's diversity and inclusion efforts. Use surveys, focus groups, and diversity audits to gather feedback and identify areas for improvement.

By taking these steps, #Winnin Against Addiction Community Recovery Center can create a more inclusive work environment that values and leverages diversity. An inclusive workplace supports its employees' well-being and professional growth and enhances the quality of care and support provided.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

#Winnin Against Addiction Community Recovery Center will focus on several strategic goals over the next three years to enhance its services, improve individual outcomes, and foster a more inclusive and effective recovery environment. Here are the top three to five goals we will consider:

1. Enhance Center Quality and Outcomes

Goal: Improve the effectiveness of our recovery program and increase the success rate of individuals achieving long-term sobriety.

Actions:

- Develop comprehensive relapse prevention plans and provide ongoing support for individuals.
- Conduct regular outcome assessments to track progress and identify areas for improvement.

2. Expand Accessibility and Inclusivity

Goal: Ensure the recovery center is accessible and welcoming to individuals from all backgrounds, including marginalized and underserved populations.

Actions:

- Increase outreach efforts to reach diverse communities, including cultural and linguistic minorities, LGBTQ+ individuals, and veterans.
- Provide cultural competency training for staff and create tailored programs to meet the specific needs of different demographic groups.
- Seek additional funding to make services more available.

3. Strengthen Community Partnerships and Support Network

Goal: Build strong relationships with community organizations and healthcare providers to enhance the support network for individuals.

Actions:

- Establish partnerships with local healthcare providers, mental health professionals, and social services to provide integrated care.
- Collaborate with local businesses and organizations to create employment and volunteer opportunities for individuals.
- Organize community outreach events to raise awareness about the recovery center and its services.

4. Invest in Staff Development and Retention

Goal: Foster a skilled, compassionate, and motivated workforce to provide the highest quality of care

Actions:

- Offer ongoing professional development opportunities, including training in the latest recovery methodologies and cultural competence.
- Implement staff mentorship and peer support programs to enhance job satisfaction and retention.
- Create a supportive work environment with clear career progression paths and competitive compensation.

5. Enhance Facility and Service Infrastructure

Goal: Improve the physical environment and expand services to meet the needs of individuals

Actions:

- Upgrade the facility to ensure that it is safe, comfortable, and conducive to recovery, including making necessary modifications for accessibility.
- Expand the range of services, such as adding new therapeutic modalities, life skills training, and recreational activities.
- Utilize technology to streamline operations, improve communication, and enhance the delivery of services.

By focusing on these strategic goals, #Winnin Against Addiction Community Recovery Center can significantly enhance its impact over the next three years. Improving program quality and outcomes ensures individuals receive the best possible care. Expanding accessibility and inclusivity makes the center more welcoming to all individuals seeking recovery. Strengthening community partnerships enhances the support network available to individuals. Investing in staff development and retention ensures a high level of care and fosters a positive work environment. Lastly, enhancing facility and service infrastructure creates a more supportive and effective recovery environment. These goals collectively contribute to the overarching mission of helping individuals achieve and maintain long-term sobriety, ultimately leading to healthier and more resilient communities.

8. How will the funds help you achieve your goals?

Securing funds for our community recovery center and meeting the three-year goal plan involves strategically allocating resources. Here's how the funds can be utilized:

Furnishings:

- ✓ Purchasing furniture, appliances, and other essential items to create a comfortable environment for individuals.

Meeting the Three-Year Goal Plan

1. Enhance Program Quality and Outcomes

- Training and Certification:
- ✓ Provide funds for staff to receive ongoing training and certification in the latest recovery methodologies.
 - Improves the center's quality and effectiveness.
 - Ensures staff are well-equipped to provide high-quality care.

2. Expand Accessibility and Inclusivity

- ✓ Cultural Competency Training:
 - Invest in training programs for staff to enhance their ability to serve diverse populations effectively.
 - Impact:
 - Broadens the reach of the recovery center to underserved and marginalized groups.
 - Ensures an inclusive and culturally sensitive environment.

3. Strengthen Community Partnerships and Support Networks

- ✓ Allocate resources for developing partnerships with local healthcare providers, social services, and community organizations.

Community Outreach Events:

- ✓ Organize and fund events to increase community engagement and awareness, including our annual #Walk Against Addiction event.

Impact:

- Creates a robust support network for individuals, enhancing their recovery process.
- Increases community support and involvement.

4. Invest in Staff Development and Retention

- ✓ Allocate funds for ongoing training, workshops, and continuing education for staff.

Competitive Salaries:

- ✓ Ensure competitive compensation packages to attract and retain high quality staff.

Impact:

- Enhances staff skills and knowledge, leading to better individual care.

Service Expansion:

- ✓ Allocate funds to expand services, such as adding new therapeutic modalities, life skills training, and recreational activities.

Impact:

- Provides a supportive and effective recovery environment.

Funds will secure the center and ensure ongoing funding for program development, staff training, and community partnerships. Fostering a supportive and inclusive environment, ultimately contributing to long-term success and sustainability.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



33_Business monthly budget (3)_808.xlsx

Organization's Operating Budget



Business monthly budget (3).xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	2nd Act Org, Inc.
Organization EIN	22-2950758
Annual Operating Budget	500,000
Year Incorporated	1984
Organization Address	89 South Street, Suite 406 Boston, Massachusetts, 02111
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Statewide

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

Youth

Peers and Frontline Recovery Personnel

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

2nd Act is a collective of artists in recovery which uses theatre, film, and drama therapy to address the impact of substance use. We envision a world where all stories are honored, recovery is celebrated, and everybody gets a second act.

2. Describe the services your organization provides or the activities it engages in?

2nd Act has three primary program areas:

We were originally founded in 1984 (as Improbable Players) by a Drama teacher, [REDACTED] and a group of actors who believed the narrative around people in recovery like them was harmful, stigmatizing, and exclusive of the voices of people with lived experience of substance use. They conceived of the Prevention Play format in which professional actors in recovery would perform short plays based on real-world stories and then lead a discussion with the audience. Primarily performed in schools, Prevention Plays have been seen by over a million students in communities throughout the Northeast. About 7500 people see a Prevention Play yearly.

Our Social-Emotional Learning Theatre Workshops were a natural outgrowth of our Prevention Plays, developed through a residency at Ostiguy Recovery High School in Boston. The program allows young people to develop key skills that help them navigate recovery and make healthy choices while using humor, performance, and creative writing, addressing two key areas of learning need for underserved students. The primarily improv-based classes are taught by our actors after extensive training, supported by our Drama Therapists. We also use basic Drama Therapy techniques to support trauma processing.

SEL Workshops are aligned with the Massachusetts Dramatic Arts curriculum framework to provide quality arts instruction as well as the CASEL Social-Emotional Learning framework. They were originally designed to be a year-long recovery-supportive arts program for Recovery High Schools and residential treatment facilities for young people in recovery or with behavioral health concerns that made them more likely to use substances. The program is also offered in 6-8 week workshop formats to other at-risk youth through local community partners, such as Boys and Girls Clubs, and reached about 150 students this school year.

Our final program is our newest, and the primary subject of this grant. Our direct Drama Therapy services began as a project in Rhode Island, serving Certified Peer Recovery Specialists and other Recovery

Personnel at frontline recovery organizations throughout that state. Drama Therapy allows people to approach the serious, and sometimes traumatizing, nature of their work with the emotional distance that characters and scenes provide, and even allow room for humor and camaraderie in the therapeutic process. Based on client demand, we now serve both staff and clients at various recovery organizations in Massachusetts and Rhode Island, and have become part of Drug Courts and other specialized docket diversion programs designed to help support recovery as an alternative to incarceration. Combined, we served about 350 Drama Therapy clients last year.

Our approach in the peer context combines group therapy sessions with one-on-one counseling to support peers with evidence-based drama therapy techniques and trauma-centered psychotherapy, grief counseling, and other clinical supports to address the dangers of burnout and secondary trauma among peers. We also provide professional development that helps peers use these and other clinical tools in their own work with clients. All our drama therapy programs are provided by licensed clinicians in recovery or with significant personal experience of substance use.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Though they're not the exclusive focus of all our work, a priority population for our Drama Therapy program is Certified Peer Specialists and other frontline Recovery Personnel.

Peers work in a variety of roles, titles, and organizations, with a tremendous diversity of lived experience, and we aim to serve this growing workforce in all its geographic, experiential, cultural, and demographic diversity. They work at the epicenter of the overdose epidemic and serve a vital role: helping clients access services and providing them with many forms of support as they navigate recovery, alongside other concerns like housing insecurity and reentry from incarceration. Most are in recovery from Substance Use Disorder, and though underpaid for their vital role, they're a crucial part of our recovery infrastructure. There are at least 1600 Certified Peer Specialists in Massachusetts, according to the Massachusetts Peer Workforce Coalition.

Peers are seen in state and federal planning as key to addressing racial, ethnic, and class disparities in recovery outcomes because they use their shared identities and lived experience to help people navigate systems and reduce systemic barriers to needed resources and services. Supporting peers of color is especially important given the rising and disproportionate impact of overdose on BIPOC communities. Often BIPOC peers have the fewest resources for their mental health.

Peers often have a deep lack of trust in institutional care providers as a result of their personal involvement with interrelated justice and mental health systems, a concept called iatrogenic trauma. This lack of trust is particularly understandable in light of the lack of understanding and clinical expertise found among many providers. At the same time, peers face burnout and secondary traumatic stress on top of their existing mental health needs, and so they require robust support through specialized clinical services tailored to their experiences and needs.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

2nd Act's most recent Prevention Play, I'll Be There For You, is the first in our history to feature an entirely BIPOC cast, and was crafted by an entirely Queer and BIPOC writing team from ethnographic interviews with Queer and BIPOC youth from Eastern Massachusetts. As part of the debut season of I'll Be There For You, a recently hired member of staff has translated all the scripts for all our Prevention Plays into Spanish to allow students learning English to better engage with performances, and we have started to explore the possibility of a Spanish-language production. We have the highest percentage of BIPOC actors in the company in our history.

In all of our work, we prioritize the needs of underrepresented and under-resourced communities, especially when allocating grant support that allows us to offer programming free of charge to hosting or partner organizations. All of our programs are completely free of charge for participants, though some one-on-one therapy sessions will be billed through insurance, when coverage is available, in the coming

year. These practices have led to significantly increased BIPOC program participation compared to pre-pandemic years: About 70% of Prevention Play audiences are BIPOC, and about 80% of SEL participants are.

We have also used Universal Participation funding from the Massachusetts Cultural Council to bring on consultants to provide training and feedback on program accessibility, including for people with physical disabilities and neurodivergent people who may have differing needs when interacting with theatre, improv, and drama therapy.

During an organizational transition in 2021 2nd Act took the opportunity to develop its most diverse board of directors in history. Our entire board has lived experience or personal involvement with Substance Use Disorder, as does our entire full-time staff and most of our contractors. We are a Queer-led, Women-Led organization, and have been recognized as a Recovery Friendly Workplace, ensuring equity for our staff and contractors. We offer a variety of supports, including therapy sessions and recovery coaching, for people involved in our organization who are in recovery.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

All 2nd Act programs use extensive survey responses to solicit feedback and monitor program efficacy. Many of these surveys are modeled on an evaluation framework originally developed for us by [REDACTED] of the Recovery Research Institute at Massachusetts General Hospital and Harvard Medical School. We do program assessments based on this data twice a year to adjust and respond to feedback, and they are included in quarterly reports that generate our dashboard metrics.

Our board and permanent staff are entirely people with lived experience of Substance Use Disorder, and many of our staff are Certified Recovery Coaches or Certified Peer Specialists in addition to other expertise and experience. As part of our increased capacity building around our Peer Support programming, we are seeking to develop a stipend-supported advisory board of working Recovery Personnel in our service areas to better address the specific needs of that community.

2nd Act is also actively involved in grassroots outreach and partnership building to grow our programs, all of which are collaborations with hosting organizations. This puts us in regular contact with leaders in the various sectors and areas in which we operate, and we emphasize maintaining a clear picture of the recovery landscape in every area we serve. This process, along with social media engagement, also provide vital feedback from the community to make programs responsive to community needs.

6. What steps has your organization taken to create a more inclusive work environment?

Our DEI training is led by the DEI Committee of our board, and in particular by [REDACTED] a professional Racial Equity Consultant who donates his time to do staff training as part of his board service. We have monthly DEI sessions to discuss issues related to equity and substance use, and incorporated cultural competency training as part of the training our Actors and Teaching Artists receive before interacting with students. The DEI committee also undertook a systematic review of our policies and procedures at the time of our merger in 2021, and developed a DEI policy. Due to new initiatives we have hired more people of color in our staff and as actors, and developed programming strategies specifically targeted at underserved communities in the areas we serve.

However, another committee also has significant responsibility for ensuring equity in our working environment. The Recovery-Friendly Workplace Committee oversees the implementation of our efforts to support the huge proportion of our staff and contractors who are in Recovery, as well as develop policies that support the mental health and wellbeing of everyone in our organization. We recognize that recovery is unique to every individual, and we have developed a plan designed to support various modalities and approaches to recovery from Substance Use Disorder. These policies include free access to therapy sessions and recovery coaching, a crisis intervention plan to respond to recurrence of Substance Use Disorder symptoms or other acute mental health needs, and institutional support for professional development and personal growth. These policies, alongside our commitment to developing a diverse workforce, ensure our ability to meet the needs of everyone in our organization in order to maximize our effectiveness for those we serve.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the

people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

If this grant or other support affords us the capacity, our first and most immediate goal is to have two more full-time licensed clinicians with significant experience with Substance Use Disorder on staff by the end of the next fiscal year (July 1, 2025), one Drama Therapist to serve Peers and clients in Eastern Massachusetts, and a Clinical Director for the organization. The Drama Therapist would allow us to greatly expand Massachusetts programming beyond our current service sites (Hanton House in Chelsea and Recovery on the Harbor in East Boston) to other communities where 2nd Act has strong ties and where there is significant need. We are particularly interested in expansion to communities like Lawrence, Lowell, and Brockton, where we have existing service partnerships. This program is a robust part of the recovery infrastructure in Rhode Island, where it is supported by Opioid Settlement funding, and bringing it to Massachusetts is perhaps our greatest single programming priority. Currently, our Drama Therapy operations are staffed by contracted clinicians in recovery, but we believe robust service delivery requires full-time clinical personnel.

The Clinical Director position would oversee all our clinicians, do some direct clinical work, and also have significant roles in program evaluation, development, and training. Their role would include ensuring that sound Trauma-informed therapeutic principles and drama therapy techniques would be embedded in everything we do. This facet of the role relates significantly to our next goal: By the end of FY 2026, we aim for a 50% increase in Social-Emotional Learning Workshop participation, with a particular emphasis on at-risk young people from poor and marginalized communities. We currently serve about 150 students through SEL, but with more robust support from our Drama Therapy team and new investment in training Teaching Artists, we believe we can reach many more people, especially given the significant interest from potential partners and funders the program has already received. Our SEL programming is so far largely centered on Boston and the North Shore, so geographic expansion to other regions of the Commonwealth is an important part of the growth strategy for this program.

The final major goal of the organization is an overhaul of our oldest program. Due to the COVID lockdowns and associated problems of learning loss and increasing outcome disparities, schools no longer appreciate the traditional all-school assembly approach to Prevention Education that our Prevention Plays were designed to emulate to offer a replacement for harmful and disproven prevention strategies like DARE. By the end of FY 26, 2nd Act aims to have a comprehensive review of our Prevention Play program completed, with a particular emphasis on the prevention needs of the most vulnerable communities in the Commonwealth. This review will encompass new models of program delivery, new audiences, and new potential partners other than schools. The results of that review would be implemented for the 2026-27 school year.

8. How will the funds help you achieve your goals?

The most important use of these funds in the first year would be to cover the initial salary and onboarding costs of the two clinical staff mentioned above. Once those staff are in place, we are confident in our ability to sustain their positions through increased program offerings, since in every service area where 2nd Act Drama Therapy programs operate, demand far outpaces capacity. This is also true of SEL Workshops. Training of new Teaching Artists is a significant one-time cost, and unrestricted funding would allow us flexibility expanding SEL workshops to meet that demand.

Funds from later years of this grant would also allow a strategic planning process to develop and implement new approaches for our Prevention Plays. This might involve development of new works that better respond to community need, performance schedules that are more equitable to our actors and allow more public, community-oriented performances, or completely reconceiving the Prevention Play model. This transition will require significant staff and stakeholder effort, and flexible funding from this grant would allow us the space to imagine the best possible future for this venerable cornerstone in the Greater Boston prevention landscape.

All of these uses of funds rely on our ability to recruit staff capable of supporting the program and evaluation needs of the organization. Our Clinical Director would have direct input into our other programs, and ensure the sound growth of our Drama Therapy efforts. For this reason, the primary use of the funds in the first year would be to get a qualified candidate in post as soon as possible. With that done, the core

mission to use theatre and Drama Therapy to respond to the impact of Substance Use could be pursued in whatever ways best meet the needs of the communities we serve.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



FY23 - StatementofActivity copy (2).pdf

Organization's Operating Budget



2nd Act FY24 Budget (detailed).pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Access HOPE

Organization EIN

87-2797180

Annual Operating Budget

240,000

Year Incorporated

2021

Organization Address

1 Hiacoomes Way
Mashpee, Massachusetts, 02649

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 5: Southeast

Check the most relevant box along the continuum for your services or activities.

Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

Families

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Access HOPE is a mobile outreach harm reduction program on Cape Cod, dedicated to empowering people who use drugs. By promoting evidence-based practices, we shift resources and promote power to those most at risk for accidental overdose death. We meet people where they use.

2. Describe the services your organization provides or the activities it engages in?

Our harm reduction program provides a range of vital services to support individuals in our community. This includes the distribution and retrieval of syringes, access to safe injection supplies, and the provision of Naloxone for overdose reversal. We also offer rapid HIV testing, wound care assistance, drug checking services, and supervised overdose prevention support.

Additionally, we provide smoking supplies, facilitate supported referrals to trusted stakeholders, and offer rapid medication for opioid use disorder (MOUD) through our Methadone Clinic. Our program also provides access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PeP) for HIV prevention, as well as HIV peer support and referrals for housing assistance. Furthermore, we are committed to community education and awareness initiatives to promote health and well-being.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

We currently Have 553 Unduplicated Participants
27 People with HIV
18 Sex Workers
27% BIPOC

64% White & 9% don't identify
All of our participant are PWLLE

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

The Access Hopes team works directly with their community, friends, and families. With 35 years of experience, I know that we are the best at helping people stay alive. I have fostered relationships with community members and families to provide education and strategies to help keep their loved ones alive.

Our team identifies as:

- 3 CIS: White people
- 1 CIS: BIPOC
- 1 Gay BIPOC
- 1 Transgender Indigenous Individual

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We are a dedicated team comprised of individuals with personal experience and individuals who have firsthand knowledge of drug use. Our team collaborates to gather valuable insights, allowing us to tailor the program to effectively respond to the evolving and unregulated drug market. Our mission encompasses advocating for social justice, combating stigma, overcoming barriers to healthcare, and addressing chaotic drug use. Together, we represent People with Lived and Living Experience (PWLLE).

6. What steps has your organization taken to create a more inclusive work environment?

We collaborate with the National Harm Reduction Coalition, the Graykenn Center, the Office of HIV/AIDS, and other organizations nationwide to offer education, training, and information on emerging trends. I dedicate two hours each month to each individual, and our team convenes every Friday night to discuss ongoing developments. Additionally, we provide support to any team members dealing with grief or other challenges associated with drug use. We collaborate with the National Harm Reduction Coalition, the Grayken Center, the Office of HIV/AIDS, and other organizations nationwide to offer education, training, and information on emerging trends. I dedicate two hours each month to each individual, and our team convenes every Friday night to discuss ongoing developments. Additionally, we provide support to any team members dealing with grief or other challenges associated with drug use.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Complete the creation of a Rural Harm Reduction Outreach Program that will be implemented statewide.
2. Expand our program and team to reach high-risk individuals who do not access traditional interventions, with a special focus on BIPOC communities.
3. Identify and test individuals at risk for HIV.
4. Provide sustainable pay for PWLLE, enhance education, training, and offer grief support.
5. Secure funding that will sustain and expand the program, and enable the provision of more peer support.

8. How will the funds help you achieve your goals?

Securing these funds is pivotal for the advancement and sustainability of our mission. With the necessary financial backing, we have the opportunity to not only pay our dedicated team members adequately and consistently but also to expand our team, bringing in fresh talent and perspectives that are essential for our growth.

By allocating funds towards deepening our engagement efforts, we can significantly enhance our

interactions with communities that have traditionally been challenging to connect with. This inclusive approach will ensure that our outreach is as far-reaching and impactful as possible.

Furthermore, a portion of these resources will be dedicated to the development and expansion of our HIV Peer Support programs. This funding will enable us to allocate the requisite time and resources to train our team members effectively, elevating the quality and efficiency of the support we offer.

Additionally, the financial support will empower me to concentrate on conceptualizing and establishing a standard for programming that is specifically tailored to meet the unique needs of rural communities. This focus is crucial for bridging the gap in services and support available to these underserved populations.

This funding will also ensure we are well-equipped with the correct supplies and resources needed to execute our mission. From educational materials to the technology required for our training and outreach programs, having access to these essential tools allows us to operate more effectively and achieve our goals.

In short, with these funds, we are not just sustaining our current initiatives but are also investing in the future of our mission. Through team expansion, enhanced community connections, specialized training, a dedicated focus on rural programming, and securing the necessary supplies, we are setting the stage for a more inclusive, effective, and impactful outreach effort.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Access HOPE Revenue and Expenses.xlsx

Organization's Operating Budget



Access HOPE Projected Budget 2024... .xlsx



Monday, June 10, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Addiction Referral Center

Organization EIN

52-1334719

Annual Operating Budget

144791

Year Incorporated

1983

Organization Address

33 Main Street
Marlborough, Massachusetts, 01752

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Preferred Pronouns

she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year

or 30% of their annual operating budget, whichever is less, for three years.

- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 40000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 4: MetroWest

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The mission of the Addiction Referral Center (ARC) is to deliver the highest quality of confidential services for persons suffering directly or indirectly from the disease of alcoholism and addiction and to help restore their dignity and respect through a program of recovery.

2. Describe the services your organization provides or the activities it engages in?

The Addiction Referral Center (ARC) was founded in 1972 when a small group of recovering alcoholics created a supportive environment that worked for them in their pursuit of sobriety. Securing a gathering place to share their experience, strength, and hope, members began to reach out to fellow alcoholics and their families to help them regain independence and self-sufficiency. In 1983, this group saw their numbers grow to the point that they formally established a 501(c)(3) nonprofit organization. In those days, the ARC was known as the Greater Marlborough Alcoholism Center. As it became clear that many of their stories included the use of other addictive substances, the organizers changed the name to include all addictions.

What began as a drop-in center has evolved into an outstanding nonprofit agency that offers comprehensive services to individuals struggling with addiction and their families. Offering recovery

resources to the addict and their significant others is a core focus of the ARC. The ARC ensures quality care for those afflicted by addiction through referrals to appropriate in-patient and out-patient services, including medical help, mental health care, detox centers, residential rehabilitation, and long-term sober living facilities. Referrals for social services such as food, housing, and employer-assisted services are supplied as needed. In addition, the ARC provides education and outreach about addiction to community sectors, including schools, courts, other municipal agencies, and area businesses. As one of the region's most well-respected, organized, and active locations for 12-step recovery and referral services, the ARC hosts meetings 7 days a week, providing over 25 meetings each week for people who seek peer support for recovery. These efforts enhance and protect the dignity and well-being of persons attempting to recover from addiction.

The ARC operates in four main capacities. We provide:

- Specialized referrals to rehabilitation and detox centers and social services as needed.
- Recovery Coach appointments for individualized support.
- A meeting space providing multiple daily peer-support meetings.
- Outreach to the local communities providing education about substance use disorders and their treatments.

After working directly with people who were seeking recovery services and observing the challenges that they faced, the ARC developed Project B.R.A.V.E. (Building Recovery Accessibility through Validation and Health Equity) in 2021. This project seeks to fill gaps in services not met by other organizations. It provides transportation to rehabilitation and detox centers for individuals who have no means of getting there and provides Care Bags containing essential needs for hygiene and wellness. In 2024, the ARC expanded the project to include emergency sober housing assistance, which covers the first month's rent for those who are seeking to enter sober housing but are unable to afford the initial cost.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The ARC programs are designed to help individuals who have no health insurance, are under-insured due to financial limitations, or receive state-funded insurance such as Medicaid or MassHealth. Referrals to rehabilitation facilities are commonly made to Gosnold in Falmouth, Spectrum Health Systems, in Worcester and Westborough, and High Point Treatment Center, in Brockton. None of these centers provide transportation. The PT-1 Form through MassHealth only provides preauthorized requests from a medical doctor or therapist. This is often not a timely option. Once an individual reaches the point of desperation and reaches out for help, it is imperative to avoid delays. The ARC gets them to treatment by providing a ride, when they have none. This timing is critical to beginning their recovery journey.

Individuals receive a Care Bag containing useful items for a stay in a treatment facility, including socks, flip flops, underwear, feminine products, tee shirts, a blanket, journal, colored pencils, daily reflection book, adult coloring book, earbuds, a toothbrush, and toothpaste. Care Bags with essential items for hygiene and wellness enhance dignity while receiving treatment. The knowledge that a Recovery Coach will be available at no charge following treatment to provide after-care and a relapse prevention plan creates a sense of hope for an often hopeless person.

Following detoxification or inpatient rehabilitation treatment, a recovery plan often includes a transition to sober housing. The ARC offers financial aid to those entering sober housing to help with the first month's rent and security deposit.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

The ARC services are available to all members of the community; the individual feeling desperate, family members looking to support their loved one, recovering addicts who require personalized assistance from a recovery coach to develop a relapse prevention plan, and those seeking the ongoing support of 12-step meetings. Currently, the ARC offers continuous support by hosting open and closed 12-step meetings (AA/NA), an Al-Anon meeting, a men's meeting, women's meetings, and a meditation group. Meetings are held in person at the ARC and online via Zoom. In the past, upon request, the ARC has hosted Spanish-

speaking meetings and LGBTQ+ meetings.

Referral services are provided by the Recovery Coach and Executive Director. The Executive Director is fluent in Spanish, which helps bridge the language barrier for many community members in need of assistance with referrals to detox, rehab centers, or other social services.

Recovery Coach appointments can be scheduled in person with day and evening availability, as well as online, and over the phone. The Recovery Coach, who is a licensed drug and alcohol counselor (LADC II), has lived experience with substance use disorder.

The ARC is a grassroots, local organization where people who call or walk in talk to a person with lived experience from the community. Because we have been helping people in the community since 1972, people learn of our services through a friend or family member in recovery. Multiple generations of families have benefited from the ARC services.

To advance our mission of delivering state-of-the-art recovery services to all individuals impacted by substance use disorder and to provide the necessary support to family members, we offer all ARC and Project B.R.A.V.E. benefits at no charge. This eliminates financial barriers to accessing help and ensures complete confidentiality. Maintaining confidentiality eliminates fears of repercussions to their employment and encourages seeking help sooner.

No one seeking assistance is turned away from the ARC, and our clients encompass a wide age range, from adolescents to senior citizens. Referrals to detox and rehabilitation facilities are tailored to each client's demographics and specific needs.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The critical element we seek in Board members is an understanding of Substance Use Disorder (alcoholism and drug addiction) and a familiarity with the pathways to a successful recovery and the obstacles people must overcome. As such, seven members of the Board identify as persons with lived experience battling SUD/OD. One Board member is a member of Al-Anon. These lived experiences offer a deep understanding of the types of services needed. The three other board members have learned about SUD/OD through volunteerism with the organization and felt compelled to help.

With currently just 2 part-time paid staff, the board is a "working board." We recruit board members who have the skills to plan and run fundraising events, develop fundraising appeals, and research and write grants. ARC Board members live and work in the local community and represent a variety of skills to benefit the organization. The VP works in Human Resources at Main Street Bank, a loyal community partner. The Secretary is an Account Manager at KGA, a company providing Employee Assistant Programs to corporations. Another board member has a B.S. in Psychology and a M.Ed. in Health Education with a concentration in Community Health. He has had a long career in public health including working as a residential counselor, treating families with significant substance abuse histories.

Our Recovery Coach is a Licensed Alcohol and Drug Counselor, licensed through BSAS, with over 20 years of experience in the field. Our Executive Director holds a Master's degree in criminal justice and a Graduate Certificate in Forensic Criminology. Her background includes impactful work in reentry services and a successful previous tenure as a non-profit executive director.

The services provided at the ARC are a direct result of staff and volunteers identifying gaps in existing services and creating programming to fill these gaps.

6. What steps has your organization taken to create a more inclusive work environment?

Our employees follow important policies to establish a safe and inclusive environment. These formal policies include the sexual harassment policy, the harassment policy, the code of conduct, and the confidential information policy. Our current staff is diverse and as we grow our capacity we will hire individuals who are the best fit for working with members of our community, specifically considering gender, ethnicity, and lived experience. Currently, we have two staff members and plan to expand our team to include a bilingual recovery coach and a male recovery coach. Each staff member brings their unique perspective and experience enhancing our ability to build trusting relationships with individuals seeking

help.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our top priority at the ARC is to reach more individuals suffering from addiction and provide a path to recovery from OUD/SUD. We plan to achieve this by strengthening our core services and increasing capacity through additional staff and space. We believe that by providing referrals and transportation for the emergency services of detox and rehab, then a path to long-term recovery through one-on-one recovery coaching and daily peer-support meetings (AA, NA, Al-Anon) we offer a proven model and hope to addicts and their families.

We have identified three areas that build upon our existing strengths and enable us to help more people.

1. Increase awareness in the community.
 - a. Every family needs to know they can call the ARC for help. Often family members are the first to seek a solution for a loved one struggling with addiction. We will spread our message at community events, medical offices, businesses, and schools. We will increase outreach in print and social media.
2. Outreach to the Portuguese and Spanish-speaking residents in the Metrowest region.
 - a. We will begin with the translation of our literature, website, and social media, and then by visiting churches and community organizations. This directly benefits those in our closest communities of Marlborough (14.9% Spanish-speaking, 10.4% Portuguese-speaking) and Hudson (4.7% Spanish-speaking, 16.1% Portuguese-speaking).
3. Increase capacity by adding a male recovery coach and a bilingual recovery coach to our staff.
 - a. The ARC currently employs a female recovery coach. Peer support works best when people can identify and build trust with the coach. Increased capacity in staffing provides more time to work with individuals with SUD/OUD and allows staff some time to grow our outreach into the community.

A larger goal, outside of this funding request, is to ensure the long-term stability and growth of the ARC by purchasing a permanent home. Due to leasing constraints, the ARC has relocated three times. Our existing space can no longer accommodate our needs, leading to the renting of an outside hall for weekend 12-step meetings to prevent turning people away. With increased space we can expand our services to provide additional 12-step meetings, offer meditation and wellness groups, have ample room for private recovery coach meetings, and more. In pursuit of this objective, our Board of Directors has initiated a Building Fund Campaign.

8. How will the funds help you achieve your goals?

The ARC Board of Directors, in collaboration with the Executive Director, will develop a set of measurable goals to track the progress of our initiatives.

To address our goal of increased awareness in the community, the funds will be used to execute a marketing plan. The Executive Director will implement the plan and contract specialists as needed. The funds will cover the cost of translation services for ARC pamphlets, infographic materials, printing, website translation, and graphic design. A web designer will improve the website by employing Search Engine Optimization techniques to increase traffic to the website. Fees will be paid to Facebook/Instagram to boost social media. We will place ads in the regional Chamber of Commerce catalogs, at events with our partner organizations that support recovery, and in local online and print newspapers. The ARC currently mails an annual appeal letter to a limited distribution list. To expand our outreach we will mail a letter about the ARC services with a logo magnet to every residential address in our area. We will increase awareness by participating in more community events with the help of expanded staff.

The funding will also cover a portion of the salaries needed for additional staff for recovery coaching and community outreach. The current ARC Executive Director and female recovery coach are part-time. We propose hiring a male recovery coach to work with male clients to develop a relapse prevention plan for long-term recovery. He would also conduct outreach in the community by connecting directly with hospitals, doctor's offices, schools, law enforcement, and veterans' groups. We also plan to hire a part-

time bilingual recovery coach to improve outreach to the Brazilian, Portuguese, and Spanish communities. This recovery coach would also conduct outreach and connect with families at clubs and churches.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



ProfitandLossbyTagGroup.pdf

Organization's Operating Budget



BudgetOverviewBudget_FY24_PL-FY2... .pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Basement TryBe
Organization EIN	83-1816451
Year Incorporated	2017
Organization Address	69 Webb st Weymouth, Massachusetts, 02150
Are you a fiscally-sponsored project?	☒ Yes
Name of Fiscal Agent	Open Run
Fiscal Agent's EIN	83-1816451
Fiscal Agent's Organization Address	[REDACTED], 02124
Primary Contact Full Name	[REDACTED]
Primary Contact Email	[REDACTED]
Primary Contact Title	[REDACTED]
Primary Contact Preferred Pronouns	☒ he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.

- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 247500

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 6: Boston area

Check the most relevant box along the continuum for your services or activities.

Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

LGBTQ+ identified

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Basement Trybe aims to empower youth through holistic approaches, including artistic expression, physical activities, and mental health support through therapeutic mentoring. Fostering resilience and leadership in underserved communities.

2. Describe the services your organization provides or the activities it engages in?

Basement Trybe delivers a comprehensive youth development program in the Boston area, focusing on holistic growth through three main pillars: artistic expression, physical fitness, and mental health support. We provide daily mentoring sessions, creative workshops in various arts disciplines, and regular physical activities including hikes and CrossFit sessions. Our programming extends to targeted initiatives such as art auctions to fundraise and support our community, and partnerships with local gyms to facilitate safe spaces for youth. Each activity is designed to nurture the mental, physical, and emotional well-being of participants, aiming to equip them with the skills and confidence needed to succeed in life.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Basement TryBe primarily serves youth in urban Boston areas, particularly those from underserved backgrounds, including minorities and economically disadvantaged families. Our programs are tailored to address the unique challenges faced by these groups, with over 90% of our participants coming from minority backgrounds. We engage about 50-75 youth annually through our physical fitness program. We mentor over 30 of those youth through out the year. Those 30+ youth also get access to our weekend creative workshops and recreational activities. The majority of our youth come from single parent homes, we have youth with dcf involvement, youth with home insecurities, food insecurities, we have youth with IEPs and Juvenile court involvement.

We focus on those impacted by social or economic issues, providing them with resources and support to

foster their development and integration into the community.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Basement Trybe ensures program accessibility by offering free programs for low-income families. We have multilingual staff and mentors to assist non-English speaking participants and ensure all program materials are available in multiple languages. Additionally, we conduct regular community outreach to stay connected with the needs of the communities we serve. Some of our partners include La Colaborativa, Chelsea Virtual Learning Academy, and Chelsea High School.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

To ensure community voices guide our programs, Basement Trybe incorporates feedback mechanisms such as regular surveys, focus groups, and community forums. We have advisory committees that include program participants and community members who provide direct input into program development and assessment. Our social media platforms are actively used to engage with participants and the wider community, ensuring a broad range of input and engagement.

6. What steps has your organization taken to create a more inclusive work environment?

Basement TryBe fosters an inclusive work environment. Our hiring practices are designed to reflect the diversity of our communities, ensuring a wide range of perspectives within our team. Basement TryBe volunteer mentors are members of the black, brown, LGTBQIA+, and Immigrant communities. The volunteer workforce is made up of people with experience in the prison system, service members, first responders, and professionals from various fields. Basement TryBe has no set location. It is a network of mentors, and we are determined to make sure that our network is a network that is inclusive to all.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Expand our mentoring program to double the number of youth served annually.
Develop and implement a comprehensive digital platform for remote mentoring and workshop participation.
Increase our community partnerships by 50% to enhance program reach and resource availability.
Establish a sustainable funding model through increased grant applications and community fundraising events.
Introduce a leadership development track for older participants to become mentors.

8. How will the funds help you achieve your goals?

Supporting the expansion of staffing and training necessary to double our mentoring capacity. Covering costs associated with developing and launching a digital platform, including technical development and staff training. Facilitating new community partnerships through outreach initiatives and collaborative events. Enabling strategic planning and execution of fundraising campaigns to ensure financial sustainability. Developing curriculum and training materials for a new leadership development program for youth transitioning to mentor roles.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



profit_loss statment 2023-2024 ytd.pdf

Organization's Operating Budget

 Budget Basement Trybe.pdf



Wednesday, June 12, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Behavioral Health Innovators

Organization EIN

81-0755250

Annual Operating Budget

600,000

Year Incorporated

2016

Organization Address

PO Box 583
S. Chatham, Massachusetts, 02659

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

609-203-9520

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 5: Southeast

Check the most relevant box along the continuum for your services or activities.

Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

Youth

Families

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

BHI provides a continuum of programs, from prevention to recovery, to address the gap in services for Cape Cod's youth and young adults who are living with substance use disorder and related mental health conditions (depression/anxiety). Programs are designed to empower them to reach their full potential in life.

2. Describe the services your organization provides or the activities it engages in?

We offer 3 programs annually serving over 200 Cape youth

Education & Outreach: Peer Heroes RAMP® is our social media toolkit for youth, by youth (our Peer Heroes), highlighting risky behaviors on the RAMP® to addiction, giving hope and resources to young people dealing with anxiety, depression, and SUD. This spring, using our Youth Summit curriculum, we trained Monomoy Regional High School 10th graders to be wellness coaches for Monomoy Regional Middle School 6th graders. We educate the community and families that addiction is a chronic disease of the brain, as stated in the Surgeon General's report of October 2015. We also educate on the family disease model of addiction. <https://bhinnov.org/programs/education-outreach/brain-science-video/>

Positive Alternatives for Student Support (PASS) <https://bhinnov.org/programs/positive-alternatives-for-student-support/> PASS opened in May 2022 and to date has served over 200 high school students from 10 Cape high schools and Nantucket High School. Falmouth School District is one of our partners. PASS is an intervention and referral model of services created for high school students who face in-school or out-of-school suspension. At PASS, students are assessed by a licensed clinician for anxiety, depression, substance use disorder and trauma and referred to services. In the 2022-2023 school year, 92 students attended PASS. 70% presented with a substance use challenge and 71% presented with a serious mental health challenge. 97% were referred to services with only 30% having engaged services before PASS. This year, we're serving more students by expanding PASS to include students who have been identified as "struggling, but not facing suspension." In the 2024-2025 school year we are launching Middle School PASS program with 4 School Districts

PASS serves as a lever to the APG program for students with a history of substance use. In 2022-2023, 48% of PASS students were referred to APG and 14% enrolled. PASS works to lift the stigma of substance use disorder (SUD) and mental health challenges while shifting from a punitive (more typical) to a supportive approach. We have established an environment where our students will more readily self-

identify stressors, substance use and mental health challenges than they would in the school environment. They receive psycho-educational group support, academic support in real-time, outdoor time, and socialization.

RecoveryBuild APG (Alternative Peer Group) <https://bhinnov.org/programs/alternative-peer-group/> APG launched in April 2018 after feedback from schools, parents, and students themselves on student needs (those using substances). We heard repeatedly from youth they're worried about their friends. For example, Monomoy High School students' Civics Project on substance use reported, "Many teenagers (13-18) on Cape Cod and at Monomoy are consuming and often abusing substances such as alcohol, nicotine (vape), and marijuana. They're also being heavily affected by family and friends misusing these substances."

APG is an evidence-informed model for adolescent recovery. One of the intentions of APG is to collect data to show this approach works—elevating APG from an evidence-informed model to an evidence-based model.

We aim to serve 30-48 teens per year. With one parent/caregiver per teen, we will serve between 60 and 96 individuals per year in Barnstable County.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

PASS serves youth 13-18 facing suspension and/or identified as struggling with SUD and related mental health conditions (depression/anxiety) attending 20 public schools on Cape Cod.

Additional suspensions decrease the odds of graduating by 20% and odds of enrolling in post-secondary by 12% (MA DESE Discipline Data).

School suspensions fuel the "school-to-prison pipeline." Citizens For Juvenile Justice explains, "Frequent suspensions and expulsions remove students from their classrooms and disconnect them from their school community. Once outside of school, these students are far more at risk of justice system involvement."

Launching MS PASS for 2024-2025 school year, we anticipate serving 50 MS students. We serve over 100 HS students.

PASS serves as a lever to the APG program for students with a history of substance use. In 2022-2023, 48% of PASS students were referred to APG and 14% enrolled.

APG aims to serve 30-48 teens per year. With one parent/caregiver per teen, serving between 60 and 96 individuals per year in Barnstable County.

2023-24 Barnstable County students: African American—9.3%; Asian-2.1%, Hispanic-30.2%, Native American-0.3%, White-50.1%, Multi-Race Non-Hispanic-7.9%.

Low-Income-53.3%, Students w/Disabilities-17.9%, High Needs-67.4%.

High needs students belong to at least one subgroup: students w/disabilities, English language learners (ELL), low-income students (eligible for free/reduced-price school lunch).

Over 5% (264) of Barnstable County students were suspended in the 2022-23 school year. Of the 264 suspended, 217 of these students were High Needs.

Of the youth we serve, 50% are on IEP's/504s, many qualify for free lunch, with only 30% receiving services—while 70%+ presenting with significant substance use/or mental health concerns.

From the HEAL Initiative – NIH, National Institute on Drug Abuse: "Very few adolescents with SUD receive treatment. 8.7% (2.2 million) of adolescents ages 12-17 had SUD in the past year (US 2022). 97.5%/1.7 million did not seek treatment or think they should get it."

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its

work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Our programming is free to participating youth and young adults. BHI works to lift the stigma of SUD and mental health challenges—establishing a model that is supportive rather than punitive—creating an environment where our students can open up and get school support and establish a different peer group.

Transportation is a challenge for access to our programs. We're also working with the Cape Cod Regional Transit Authority (CRTA) Buses to transport students to and from APG and PASS. This is vital as transportation is still the biggest hurdle for participants accessing our programs.

Nantucket HS has established a CRTA Ferry Monitor for Nantucket PASS youth to attend, and PASS covers the cost of the taxi from the ferry to the program. The school sends a student support person along with the student to PASS.

Racial diversity, equity, and inclusion are integral to our work and the integrity of all our programming. We aim to provide culturally appropriate tools and outreach supports, as well as representative staff.

The APG brochure is translated into Brazilian Portuguese and Spanish. Duffy Health Center, our clinical partner in the program, offers virtual certified medical interpreters that can provide immediate, real-time video interpretation in any language.

Broader challenges and family involvement: BHI provides grief, trauma, mental health, and wellness support to students and families as follows:

- APG - Licensed clinician, family therapist, recovery coach, and peer mentors
- PASS - Licensed clinician, academic support (self-advocacy and self-esteem building), and psycho-educational groups

At APG, we're thrilled to be developing a Parent Support Program in partnership with Learn to Cope for parents new to facing SUD and mental health challenges with their teens—a gap in the continuum of supports. We'll address parent denial/fears associated with referrals to programs like APG. APG Falmouth just moved to a site 1 block away from Learn to Cope. We're working to expand the hours of our family therapist.

Our programs create a forum for families to speak to what they need to support their children.

We are partnering with the YMCA Cape Cod in West Barnstable to locate the MS PASS program. BHI works with Outer Cape Services, which provides two clinicians and their Community Resource Navigator.

Additionally, after PASS participants return to school, Counselors and Navigators within the school system make sure our youth are accessing/plugging into other supports and wrap-around services, like housing, and family member recovery supports.

Every member of the Board and the BHI Officers, except one individual, has direct lived experience with a family member with SUD. As a Board, staff, and group of dedicated volunteers who are mostly white, we are committed to improving our knowledge and understanding regarding DEI and how to implement new practices, as well as developing and implementing a DEI Strategic Plan in 2024. Our Board completed a 1.5-hour DEI Training early in 2024.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

BHI's core principle is to amplify the teen voice. Currently, we have a Student Advisory Board that consistently includes representation from black and Latinx populations with lived experience. Their feedback is viewed as essential to our success, driving changes to program implementation. We have also had interns of color who are invited to share their perspectives.

We regularly ask our participants for feedback on our programming. Here is one testimonial: "Before I

came here, I'd walk outside and just be like, 'Oh I'm outside.' I didn't think too much about it. But now when I walk outside, I look around and take everything in and it's just like wow, Life itself is beautiful." Please find a 2 minute audio of this person's feed back and more testimonials here:
<https://bhinnov.org/impact/testimonials/>

With the schools, we track:

- 1. Has student's behavior improved over past 30 days? (improved/same/declined)
- 2. Over past 30 days, rate the student's attendance? (regularly attends, infrequent/has declined, other)
- 3. Have re-entry plan recommendations been implemented and/or utilized? (yes in progress, no)

From parents/guardians, we ask:

What clinical recommendations engaged:

- Individual Therapy
- Psychiatry
- Medical Care
- Anger Management
- Substance Use Services: APG
- None

What wellness strategies engaged?

- Family/Social Supports
- Physical Health Supports
- Support with ADLs
- Financial Supports
- None

We ask the # and % of participating students whose parents have engaged one or more clinical recommendations (including APG) – an incentive for parents to complete the surveys - \$30 gift card to grocery store.

6. What steps has your organization taken to create a more inclusive work environment?

Diversity, equity, and inclusion are integral to our work and the integrity of all our programming. We aim to provide culturally appropriate tools and outreach supports, as well as representative staff.

Every member of the Board and the BHI Officers, except one individual, has direct lived experience with a family member with SUD. As a Board, staff, and group of dedicated volunteers who are mostly white, we are committed to improving our knowledge and understanding regarding DEI and how to implement new practices, as well as developing and implementing a DEI Strategic Plan in 2024. Our Board completed a 1.5-hour DEI Training early in 2024.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

- 1. Establish and Expand Middle School PASS: During the upcoming 2024-25 school year, we will expand PASS to serve MS students facing suspension at the Barnstable YMCA. We anticipate serving 50 ms students in our first year (2024-2025 school year).

In the 2025-26 school year, we'll expand MS PASS to serve additional students who've been identified as "struggling, but not facing suspension." We anticipate our number of ms students served to increase from 50 to 75 in the 2025-2026 school year. We plan to expand to 10 middle schools for the 2026-27 school year.

- 2. Within our APG program, we have a goal of increasing the Family Therapist to full-time - from 0.5 to 0.75 FTE during the 2024-25 school year and 0.75 to 1.0 FTE during the 2025-26 school year. We plan to increase the number of days students can access APG for the 2026-27 school year by increasing staff.

- 3. Formalize and Expand our Education & Outreach Program: Currently, Peer Heroes RAMP® is

implemented/ utilized in our PASS program. Our main mode of delivery will be through middle and high school health classes. Additionally, we will deliver Peer Heroes RAMP® through TikTok, Facebook, and Instagram. Anticipate 7-10 schools per year, increasing to 30 schools in 3 years with 200 students participating per year, increasing to 600 students over 3 years.

4. We will continue to offer the 10/6 Wellness Coach Training Program to high schools and middle schools where we train the 10th graders to be wellness coaches for the 6th graders.

5. Onboard a paid Executive Director. By December 2024 we will have a .50 FTE Executive Director. We would like to see that position go to full-time during the 2024-25 school year and then hire an administrative assistant to support the ED position during the 2025-26 school year.

8. How will the funds help you achieve your goals?

- 1. MS PASS: Funds will help us achieve our goals by supporting new staff positions. Some funding is already in place for this expansion through a 3-year Tower Foundation Grant.
- 2. APG: Funds would go towards the Family Therapist Staff position to increase the position up to full-time. This increase in staff time will allow the program to better support families and become more embedded in the schools to increase access for kids and fluidity from school to APG.
- 3. Education & Outreach: We will accomplish these goals by hiring a Coordinator to pump Peer Heroes RAMP® through social media and promote it, and connect with schools to get RAMP into health classes. We will also engage a Search Engine Optimization consultant and potentially a programmer to increase awareness of and interaction with Peer Heroes RAMP® independently online.
- 4. Peer-to-Peer Program: Funding will support the 10/6 Wellness Coach Training Program. The relationships established continue weekly throughout the school year. When the 6th graders begin high school as 8th graders, their 10th Grade Wellness coach will be a senior and in a great position to support their younger cohort in navigating the ups and downs of high school.
- 5. Executive Director: Funds would go towards the ED salary and then also the Administrative Assistant salary.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 2022 Issued Financial Statements.pdf

Organization's Operating Budget

 BHI FY2024_Ops Budget_4-30-24.pdf



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

B FREE Wellness Inc.

Organization EIN

86-1531893

Annual Operating Budget

260,000.00

Year Incorporated

2021

Organization Address

305 Hokum Rock Road
Dennis, Massachusetts, 02638

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 5: Southeast

Check the most relevant box along the continuum for your services or activities.

Trauma, Grief, and Family Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

Black, Indigenous, and other People of Color (BIPOC)

Youth

Families

Veterans

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

B FREE heals personal and community trauma through the empowering integration of mental health, physical wellness and holistic services. Our organization was founded by Ayanna Freedom, LICSW and Registered Yoga Teacher who identifies as a joyful person in long term recovery and a BIPOC female.

2. Describe the services your organization provides or the activities it engages in?

Barnstable County has one of the highest overdose populations in the state, and Brown and Black residents die at a faster rate than white non-Hispanics on Cape Cod. The Wampanoag Tribe has the smallest population on the Cape and are dying at the fastest rate. Black residents are dying at the second fastest rate. Data Source- Centers for Disease Control and Prevention, National Center for Health Statistics, 2020. Our services are designed to help that specific population stay alive and healthy in the South East and beyond. Our goal is to provide accessible pathways for anyone experiencing trauma to heal, with a specific focus on the BIPOC community. We focus on trauma as we believe the gateway to addiction is trauma. We also believe trauma exists in all bodies and need to be healed from a mind-body approach. We provide a wrap around model of individual mental health services, nutrition counseling, wellness coaching, racial trauma healing, trauma sensitive and culturally responsive restorative yoga, yin yoga, meditation classes, support groups, affinity support groups, mindfulness and movement workshops as well as holistic services including but not limited to reiki energy healing, EFT (Emotional freedom technique), sound healing sessions, massage and restorative healing retreats. All services are offered at a tiered pricing model, donation based or free. We offer services within community settings, at our center as well as online to make sure everyone has access as transportation is difficult on the Cape. We also have a special focus on the criminal justice population servicing folks on probation at the courts, jails and post incarceration. We also offer trainings to police and other organizations on trauma informed care with a focus on the connection of police brutality, trauma and white supremacy culture.

A few of our members have stated that their lives have been changed by our specific healing model and opportunities:

"I noticed and felt a considerable shift in stress levels, anxiety, and a lightening of the grief load in myself and others from opening day to closing circle. Ayanna held space or creating safety in a community out of strangers from all backgrounds and walks of life. I arrived with a heaviness and left feeling more clarity and considerably emotionally lighter.- B FREE Member attending a retreat

"I can't explain how much I appreciate you and the work your organization has done for me and my family. You all advocated for us around racial incidents that caused us trauma and supported my leave of absence through providing holistic and movement services to keep me healthy and well so I could return as whole. Thank you for helping me to be more whole" - B FREE Member managing racial trauma

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

B FREE serves anyone who identifies as having significant trauma that is impacting their functioning in some way. We prioritize those that are oppressed, or in marginalized communities that identify as BIPOC, LGBTQIA+, seeking recovery from addiction, veterans, first responders, the criminal justice population and those who serve them.

The Cape Cod recovery and addiction community is dying at a fast rate. We have found through our work that prevention and healing trauma-particularly racial trauma within the BIPOC community works well using a wrap-around model combining mental health services, movement mindfulness, and holistic healing opportunities. Our overall goal with these funds is to aggressively heal these communities to decrease the overdose rate by 15% or more by 2027. We have the knowledge of how to heal, but we need the funding support to help us reach our goal of saving lives.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

The founder of B FREE is in recovery and identifies as a BIPOC female. Her lens is very focused on making sure all our programs and services are equitable. Ayanna the founder, is a two time author and Equity and Belonging trainer herself. She has created a belonging and trauma sensitive six month training program that staff, the board, and community members participate in while working with the organization. This training has in depth curriculum models of racial trauma, toxic masculinity, moving away from white supremacy culture, and moving towards an anti-racism focused decolonized treatment model for working with all bodies but particularly Black, Brown, and indigenous bodies.

We also try to make all services accessible with providing different times, places and ways to access our services. Our members do not need to go to an office to see us, our staff and team members can go to where they feel most comfortable. We provide services online and in a variety of community centers in different towns. We provide money for transportation as well if needed. Our goal is to remove all barriers to healing.

No one is ever turned away from our services due to economic barriers. Our team finds a way to help them on their healing journey with no cost or very low cost to ensure accessibility. We do not charge for co-pays for therapy. All staff and community members working with B FREE are given both Ayanna's books that are full of information on healing addiction from a holistic and BIPOC perspective.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

B FREE uses a variety of tools to help measure participants emotional growth, as well as the quality of the service and its delivery process. Depending on how the client presents, B FREE's trained and experienced staff will determine what assessment to give them. For example, all Healing Justice program participants and veterans will be offered the Adverse Childhood Experience (ACE) Questionnaire for Adults and the PTSD Questionnaire at the start of the program and quarterly thereafter. Both questionnaires help us

measure trauma, and we then develop a personalized treatment plan from there with the client.

B FREE conducts an individual therapy mental health assessment and group assessment (MHA) of current needs on a quarterly basis. The MHA measures moods, and current state of emotions and feelings. At a later date, we give them back the same sheet and have them rate it and compare it with where they are after programming. From there, they create their own progress and aspirational goals based on where they currently are and where they'd like to be emotionally. B FREE works from a team approach and schedules time for the members to share their thoughts and feelings with the staff and the board of directors.

Client Satisfaction Surveys:

To track the quality of the services and its delivery process, B FREE deploys quarterly client satisfaction surveys to all program participants. B FREE staff and board meet on a quarterly basis to review and discuss quarterly client satisfaction surveys, and have specific conversations about the quality of groups, classes, individual therapy, and additional programming based on the quantitative and qualitative data obtained from the surveys. Surveys are offered in a variety of languages.

Members are invited to sit on the board as members as well as join any meeting to share their voice.

6. What steps has your organization taken to create a more inclusive work environment?

All staff participate in the trauma informed and belonging training which includes communication and steps to ensure we are listening to one another within our own cultures and from our own trauma places. The founder is hoping to show how an organization can operate on a high level, moving away from white supremacy culture and moving towards an example of an anti-racist inclusive culture which fosters belonging. Supervision helps cultivate this environment for staff, as we infuse the topics of racial trauma, white supremacy culture, and health equity on a regular basis.

To track the quality of the services and its delivery process, B FREE also deploys quarterly staff satisfaction surveys to all (6) program staff. B FREE staff and board meet on a quarterly basis to review and discuss quarterly staff satisfaction surveys, and have specific conversations about the quality of groups, classes, individual therapy, and additional programming based on the quantitative and qualitative data obtained from the surveys. An important part of this survey is also understanding staff satisfaction with current and future programming, leadership, organizational goals, expectations, etc. to cultivate increased morale and ongoing employment with our organization.

Additionally, Ayanna, LICSW meets with her staff once a week providing individual supervision and monthly group supervision. Ongoing qualitative feedback is a regular part of staff supervision. Every supervision also gives the opportunity of 4 structured questions to help with communication: 1. How is the organization and your work landing in your personal life and work life balance? 2. Are you feeling like you belong and how can we help to make that better? 3. How are you feeling about your location within the organization in relation to your gender and race/culture identify? 4. What would you love to see more of for yourself and the organization?

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Increase BIPOC leadership among staff and board members within the organization and Increase diverse bilingual staff and BIPOC teachers, providers, clinicians, and recovery coaches, that can effectively and appropriately support the communities we want to serve. B FREE is unique in that our Founder is a woman of color and in recovery herself, as well as the only BIPOC-led wellness and holistic center on Cape Cod, MA. This puts us in an important position to serve the community; however, we would love to increase our staff to help support the high needs and demands of the communities we serve.

2. Increase BIPOC membership at B FREE by being intentional about strategic outreach, surveys, focus groups, offering stipends and continuing to build and strengthen relationships among the Wampanoag communities, Latinx communities, and any other communities that have been identified as Black and Brown that are experiencing high death rates due to overdose.

3. Secure a forever home for B FREE on Cape Cod. We are currently renting our space but have a very unique opportunity to buy the building from the current owner who is willing to do a lease to own arrangement. In order to start this process, we would need the initial down payment of \$100,000. We hope to develop a capital campaign within the next three years to secure a place where the community particularly the BIPOC community can call their forever home and a place to belong on Cape Cod.
4. Increase access to transportation. Transportation is a barrier to all services for our population on Cape Cod. We have become very flexible and adaptable in how we created a community model in which we go to the communities. This model has proved to be successful; however, we need funding for transportation to our facility. Many members would love to come to us if transportation wasn't a barrier. We would start with offering bus passes although it runs infrequently, which makes it difficult to attend classes at a certain time. Our long-term goal is to purchase a B FREE bus that can revise transportation to our specific community members.

8. How will the funds help you achieve your goals?

We plan to use these funds to:

Increase B FREE community engagement and membership by holding focus groups and affinity healing circles that include stipends and healthy living culturally appropriate usable care packages with food to help build relationships and listen to the needs of the community. Our goal is to increase BIPOC membership by 15% by the year 2027.

Increase BIPOC staff and providers in recovery. We propose being able to hire two bilingual staff in Spanish and Portuguese and three additional BIPOC identified individuals by 2027 including a Director of Health and Equity services.

Offer significant funding for transportation for marginalized communities on Cape Cod to be able to come to our facility and increase access. In the short term, these funds would assist us in providing free bus passes and long term, assist us in purchasing our own B FREE bus to help transport members to our facility from their communities and back.

In order to save lives people need to feel like they belong. As Johann Hari says “The opposite of addiction is connection”. At B FREE, we hope to use these funds over the next three years to cultivate a healing center that fosters connection where everyone can belong, including our BIPOC folks and our LGBTQIA+ folks, immigrants, and those families who have already had loved ones die from drug overdose, particularly in the Wampanoag community. These are not stories you see in the news, as Cape Cod is seen as the “best place to vacation” in the summer; however, we are seeing the highest rate of our communities dying in MA right now. We ask for your help in saving our community over the next three years.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 ProfitandLossApril24.pdf

Organization's Operating Budget

 2024_BfreeOperatingBudget_RIZE_6.... .xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Black Behavioral Health Network
Organization EIN	61-1959235
Annual Operating Budget	150,00.00
Year Incorporated	2019
Organization Address	287 State Street Springfield, Massachusetts, 01105
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	I prefer not to say

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name	
Email	
Title	
Preferred Pronouns	he/him/his

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 50000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 1: Western MA

Check the most relevant box along the continuum for your services or activities. Treatment

Check the Priority Population(s) you serve or aim to serve (select all that apply).

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

Families

Veterans

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

BBHN provides access to an array of culturally appropriate community-based behavioral health services. Our focus is on positive treatment outcomes for all individuals within our care, African Americans, BIPOC and others within the Hampden County area.

2. Describe the services your organization provides or the activities it engages in?

Black Behavioral Health Network(BBHN) currently provides lifeskills support groups to incarcerated populations as well as those in the community. BBHN also provides individual mental health/substance use counseling. BBHN issues Narcan to persons with substance use disorder. We also train and provide kits to members in the community who may know and/or are supporting person with substance use disorder and their families. BBHN supports individuals in different modes of Harm Reduction. We are collaborating with the Courts (Probation), Legal Advocates, the Hampden County Sheriff’s Department (HCSD), Open Pantry Community Services. Incorporated, Behavioral Health agencies like Mira Vista and CHD, to support waiting lists for counseling they may have and to make referrals for assessments and evaluations to determine the need for medications. BBHN offers recovery coaching. BBHN is a strong advocate in the community to get the word out regarding the agency's services and to educate the community on substance use and mental health support services.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Group Therapy support and mental health/ substance use counseling and transitional support services are made available to the priority populations indicated above. BBHN makes referrals for housing, employment and supports transportation needs. Currently, BBHN is working closely with the HCSD bringing Life skills training to the facility for men and women. BBHN also provides Life skills training in the community. Our partnership with HCSD and treatment programs, has supported participants being transported to the community agency where these group therapy classes take place. This allows for participants to meet individuals from the agency, become familiar with where the agency is and services provided. The objective is to eliminate any apprehension to reach out and receive support as needed. BBHN is partnered with Open Pantry Community Services Incorporated who provides office space for our program and services. BBHN has offered incentives, gift cards, for attendance and participation which surprisingly created a great opportunity to "plant seeds". The gift cards turned out to be great supports for food, toiletries, etc. They also helped the families of the participants not to be burdened with caretaking expenses needed for children or other family members. June 2022 BBHN graduated its first class of Life skill education participants whom were referred by recovery coaches and treatment programs. (6) male graduates between the ages of 30-55+. BBHN, since has graduated 2 more men's programs with the average number of graduates ranging from 6-8. February 2023 we graduated our first women's program in partnership with the HCSD and will be bringing the program into the women's jail in the near future.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

BBHN ensures its programs and services are accessible and equitable to all community members. BBHN is meeting with other service agencies, the courts/attorneys and reaching out to the community (family/friends). BBHN conducts interviews. BBHN follows up on agency and court, referrals which would require discussions about individuals, as permissible, utilizing Confidentiality of Information . Our mission statement emphasizes that we work with Black/African American and BIPOC communities. BBHN has been making it a point to take the services where needed and to schedule appointments in a way that is most convenient and comfortable to the clients/community members i.e. via telehealth and evenings when and if necessary. Should a client be disabled, hearing impaired, current technology provides opportunities to provide service, i.e. zoom allows for transcribing for hearing impaired, for referrals to get the support needed. BBHN has a website. We continue to work on updating this tool for maximum impact/effectiveness to also support clients/community/agency/and court referrals. BBHN provides pamphlets and flyers currently in English. BBHN currently will collaborate and make referrals for those in need of more culturally specific supports. Our vision is to address service gaps and barriers for all people. Culturally identifiable support plays an important role in impacting the quality of life for individuals. We currently partner with organizations that will help to provide support to communities in need.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

One of the tools BBHN will incorporate is a survey that will be located on the website. For community events we will create a QR code to take people to the website as we begin to gather information that will help BBHN support the services people/families need. BBHN has a Board of Directors. The Board is currently 6 and we are organizing to get the numbers to the maximum of 15. BBHN will begin to use this information to advocate and address gaps and barriers to the programs and services that people and communities tell us they need the support with. BBHN will create these anonymous opportunities to support safety that comes with the challenge of speaking freely and openly.

6. What steps has your organization taken to create a more inclusive work environment?

BBHN as part of staff development will support staff attendance to DEI trainings. BBHN is building. Offering diversity in staffing to support community behavioral health needs is one of the visions for BBHN. Our policies and procedures will indicate that we offer equal opportunity workplace. BBHN will also be reaching out to diverse communities to establish contacts to help provide support services where we may not currently be in a position to. BBHN has adopted the practice of being inclusive and creating opportunities for staff in the organization to be heard. Staff are encouraged to offer feedback where they

have identified the need for inclusivity. The current staff is comfortable to voice the concerns that BBHN need to acquire for their safety as well as the clients they serve. BBHN has incorporated a mentorship program amongst the current team.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

BBHN's top 3-5 goals for the next 3 years:

- *To build a working Board of Directors from the current number of six to fifteen which is the voted on capacity for the board.
- *To be established as a fee for service agency and to be fully active in this service. Fee for service will offer sustainability. We will be able to bill insurance boards for the counseling services BBHN provides.
- *To build the staff from six to ten employees. To be able to double hours for services from twenty four hours per month to forty eight hours per month.
- * To provide counseling for up to thirty clients. To have four group therapy programs operating. To provide incentives for participation/attendance and to support transportation needs via bus passes and transportation collaborations.
- * To begin data collection via interviews, evaluations to make sure we are addressing barriers and gaps in service as identified by the community and clients to not only address these identified needs but to also to provide advocacy.

8. How will the funds help you achieve your goals?

Funds will be used to purchase bus passes to support transportation needs. Gift cards could be used to for data collection participation for the interviews and surveys. Funds will be used to hire a professional website developer to help establish the QR codes that could be used for surveys and data collection. Funds will be used to host informational events to recruit committed board members that will bring the skill sets necessary to help make BBHN a premiere social service agency. The funds will be used for venues and materials/ refreshments to host these events. Funds will be used to work with a billing service to help aid with establishing fee for service which plays a role in sustainability. We will also need to research and provide data to update the public on Opioid Drug use in our community. Provide Narcan trainings for family and friends as well as those still active in substance use.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Budget Amendment Request 050820... .xlsx

Organization's Operating Budget

 _Black Behavioral Health Network Inc... .xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Bridging The G.A.A.P
Organization EIN	99-2092503
Year Incorporated	2024
Organization Address	9 Eastwood Rd. Shrewsbury, Massachusetts, 01545
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	info@gaaprecovery.org
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 252000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 2: Central MA

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Families

DCF involvement

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Our mission at Bridging the G.A.A.P is to empower men and fathers with opioid use disorder through supportive recovery coaching and peer-led mentorship, fostering resilience, personal growth, and family reunification, and ensuring their successful reintegration into society.

2. Describe the services your organization provides or the activities it engages in?

At G.A.A.P Recovery our vision is to be a beacon of hope and transformation for men and fathers struggling with opioid use disorder (OUD). We understand the complexities these individuals face, from navigating the criminal justice system to reuniting with their families and rebuilding their lives. Our peer-led initiative, characterized by the engagement of recovery coaches and role models with lived experience, is designed to be a catalyst for growth and healing. Our vision is deeply rooted in the belief that those who have walked the path of recovery are uniquely equipped to guide others through similar challenges. By harnessing the power of shared experiences, we aim to create a supportive environment where men can find the strength and resources, they need to overcome addiction and thrive in their personal and professional lives. We seek to bridge the gap between these men and their potential for success by providing targeted support that addresses the multifaceted nature of their challenges. Our approach is holistic, focusing not only on sobriety but also on life skills, parenting, family reunification, and job

readiness. This comprehensive support system is designed to promote lasting change and help men reclaim their roles within their families and communities. Through a joint effort with recovery specialists and healthcare professionals we support men and their families while they identify and unpack significant traumatic experiences that lead to substance use disorder and contributed to the introduction of law enforcement, or the department of children and families. In collaboration with our recoveree and various state agencies we develop a recovery action plan that will significantly increase quality of life, decrease the chance of recidivism and make progress towards family reunification. Our peer support team offers a variety of services that utilize both one on one and group settings where we incorporate an original curriculum to facilitate groups on building recovery capital. We also offer a scholarship fund for those enrolled in G.A.A.P Recovery inc. Once an individual has completed acute treatment services (detoxification) and Critical stabilization services (CSS) and is ready for supported housing they are eligible for sober living aid.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

At Bridging the G.A.A.P inc. our primary focus is on serving marginalized communities, specifically targeting men who are grappling with substance use disorder (SUD) and opioid use disorder (OUD). These individuals often face compound challenges due to their involvement with the criminal justice system or the Department of Children and Families (DCF). Men with OUD, particularly those from marginalized backgrounds, often face stigma, discrimination. Men often experience more severe health complications and face greater challenges in accessing effective treatment.

Gender: Male.

Family Status: Many are fathers, often struggling to maintain or regain custody of their children.

Age Range: Primarily adults, ranging from young fathers to older men, typically aged 22-45.

Socioeconomic Status: Often from lower socioeconomic backgrounds, experiencing poverty and unemployment.

Ethnicity: Diverse, with significant representation from marginalized and underserved communities

The National Institute on Drug Abuse reported approximately 65% of the U.S. prison population has an active substance use disorder.

The Substance Abuse and Mental Health Services Administration estimates that about 2.1 million Americans aged 12 or older had opioid use disorder in 2023. Approximately 10.6% of men with opioid use disorder in the U.S. are likely to have both criminal justice involvement and DCF or similar child welfare agency involvement.

The men and fathers targeted by G.A.A.P Recovery Inc.'s programs are at a critical intersection of substance use, legal challenges, and family instability. By addressing the specific needs of this population through tailored, holistic interventions, we aim to promote recovery, support family reunification, and facilitate successful reintegration into society. This comprehensive approach not only benefits the individuals involved but also contributes to broader community wellbeing and resilience.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Ensuring Accessibility and Equity at G.A.A.P. Recovery Inc.

1. Multilingual and Culturally Competent Staff

Bilingual Staff: We utilize an on call translating company that includes interpreters proficient in languages commonly spoken in the communities we support, including Spanish and other locally prevalent languages.

Cultural Competence Training: Our staff undergoes regular cultural competence training to better understand and respect the diverse cultural backgrounds of the individuals we serve. This training covers cultural traditions, norms, and sensitivities to ensure that our services are respectful and appropriate for all clients.

2. Peer Support and Lived Experience

Peer Recovery Coaches: We employ peer recovery coaches who have lived experience with substance use disorders and recovery.

Training for Peer Supporters: Our peer supporters receive ongoing training to enhance their skills and knowledge, ensuring they provide the most effective and empathetic support possible.

3. Inclusive and Tailored Program Design

Individualized Care Plans: We recognize that each person's journey is unique. Our services are designed to be flexible and tailored to meet the specific needs of each individual, taking into account their cultural, linguistic, and personal circumstances.

Diverse Support Groups: We offer resources for local support groups that cater to different cultural backgrounds and languages, providing a safe space where individuals can share their experiences and receive support in an environment that feels comfortable and relevant to them.

Family-Centered Services: Our programs address the needs of the entire family, providing resources and support for family members to ensure they are involved and supported in the recovery process.

4. Accessibility of Services

Virtual Options: Recognizing that not all clients can attend in-person sessions, we provide hybrid or virtual meeting options for support services.

5. Financial Accessibility

Sliding Scale Fees: We offer services on a sliding scale fee basis to ensure that cost is not a barrier to accessing our programs.

Scholarship Fund: Our scholarship fund provides financial assistance for individuals who require sober living aid but may not have the means to afford it.

Grant and Donation Support: We actively seek grants and donations to subsidize costs for our services, ensuring we can provide support to those in need without financial constraints.

6. Outreach and Community Engagement

Community Partnerships: We partner with local organizations, faith-based groups, and peer community centers (PRSC) to reach a wider audience and provide information about our services to those who may not be aware of them.

Outreach Programs: We conduct outreach programs in underserved areas to educate the community about substance use disorders and the support available.

7. Advocacy and Policy Engagement

Advocacy for Equity: We advocate for policies that promote equity and access to healthcare and recovery services. This includes working with local and state governments to remove barriers to care for marginalized populations.

By implementing these comprehensive strategies, G.A.A.P. Recovery Inc. ensures that our programs and

services are not only accessible to all community members but also equitable, culturally relevant, and responsive to the unique needs of the populations we serve.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The voices of the people we support inform us on our programs and services. This is central to the mission of G.A.A.P. We have strategically built our Board of Directors to include a diverse selection of individuals with lived experience to ensure that our governance reflects the perspectives of those we serve.

1.Regular Client Feedback:

We conduct regular surveys to gather input on client satisfaction and areas for improvement. Feedback is reviewed by the program development team to make necessary adjustments and improvements. We also organize focus groups with current and former clients to discuss specific aspects of our programs. The Focus groups include clients from diverse backgrounds, ensuring that various perspectives are considered in our program development.

Inclusive Program Development:

New programs or initiatives are piloted with a small group of clients to gather feedback and adjust before broader implementation. We regularly conduct community needs assessments during outreach that include interviews and surveys to identify gaps in services and emerging needs. We have a strong peer support network where clients can share their experiences and provide mutual support, which also informs our understanding of client needs and preferences. Clients are encouraged to become mentors for others, using their experiences to help shape the services we offer and ensuring that peer perspectives are integrated into our programs.

Training and Skill Development:

We offer workshops and training sessions that empower those we support to take an active role in advocacy and program development, equipping them with the skills needed to effectively contribute to organizational processes. Clients interested in taking on more significant roles within the organization are provided with leadership training to prepare them for these responsibilities.

6. What steps has your organization taken to create a more inclusive work environment?

Creating an inclusive work environment is crucial for fostering diversity, equity, and a sense of belonging within G.A.A.P. Recovery Inc. We have implemented several initiatives and practices aimed at ensuring that our workplace is welcoming and supportive for all employees, reflecting the diverse communities we serve. We actively seek to recruit candidates from diverse backgrounds through targeted outreach, partnerships with community organizations, and participation in diversity-focused job fairs. Job descriptions are carefully crafted to use inclusive language and emphasize the importance of diverse perspectives and experiences. We highlight our commitment to equal opportunity and welcome applications from all qualified individuals, including those from underrepresented groups.

Comprehensive Diversity Training

We provide ongoing cultural competence training to all employees to increase awareness and understanding of diverse cultural backgrounds and perspectives. These workshops cover topics such as cultural humility, implicit bias, and effective communication across cultural differences. All staff members receive training on DEI principles, including understanding systemic inequities, fostering inclusive practices, and addressing microaggressions.

Employee Resource Groups (ERGs) and Support Networks

We have established Employee Resource Groups (ERGs) for various underrepresented groups, such as men and woman with criminal records, LGBTQ+ individuals, and people of color.

Celebrating Diversity and Inclusion

We organize events and activities that celebrate the diverse cultures and identities of our employees, such as cultural heritage months, Pride celebrations, and religious holidays.

Feedback and Continuous Improvement

We conduct regular employee surveys to assess the inclusivity of our work environment and gather feedback on areas for improvement. Survey results are used to inform our diversity and inclusion strategies and to identify new opportunities for creating a more inclusive workplace.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Setting strategic goals for G.A.A.P. Recovery Inc. is essential to ensure we effectively meet the growing needs of our clients and support our mission of aiding men and fathers with opioid use disorder and other substance use disorders, particularly those with criminal justice or DCF involvement. Here are three to five specific goals that align with expanding office and meeting space, developing our curriculum, and expanding our affordable housing scholarship program:

Goal 1: Expand Office and Meeting Space

Our objective is to expand our physical infrastructure to accommodate a growing number of clients and enhance service delivery.

Renovate and Equip New Spaces:

Renovate and furnish new office spaces to create welcoming, accessible, and functional environments for clients and staff. Equip meeting rooms with state-of-the-art technology to facilitate both in-person and virtual support sessions.

Enhance Existing Facilities:

Upgrade the current office and meeting spaces to improve accessibility and comfort. Expand current facilities to include additional private consultation rooms and larger group meeting areas.

Expected Outcomes:

Increased capacity to serve more clients in a comfortable and professional setting and enhance the ability to offer diverse services, including workshops, support groups, and individual recovery coaching.

Goal 2: Further Develop and Diversify Curriculum

Our objective is to enhance and diversify our curriculum to provide comprehensive support to a larger and more diverse population.

We intend to accomplish this by.

Curriculum Review and Development:

Conduct a comprehensive review of the current curriculum to identify gaps and areas for improvement. Develop new modules and programs that address the unique needs of diverse populations, including those from different cultural backgrounds and varying levels of recovery.

Incorporate Evidence-Based Practices:

Integrate the latest evidence-based practices and research findings into the curriculum to ensure effective and up-to-date support. Collaborate with experts and stakeholders to develop cutting-edge content for life skills, parenting, family reunification, and job readiness programs.

Multilingual and Culturally Relevant Materials:

Translate curriculum materials into multiple languages to better serve non-English speaking clients. Develop culturally relevant content that respects and incorporates the values, traditions, and experiences of our diverse client base.

Training for Staff and Facilitators:

Provide ongoing training for staff and facilitators to effectively deliver the expanded curriculum and address the specific needs of diverse populations. Foster a learning environment where staff can continuously improve their skills and stay updated on best practices.

Goal 3: Expand Affordable Housing Scholarship Program

Increase Funding: Double the scholarship fund within two years through fundraising efforts and grant applications.

Expand Eligibility: Broaden the eligibility criteria to include a wider range of clients, including those from underserved and diverse backgrounds.

Strengthen Partnerships: Establish partnerships with additional sober living facilities to offer more housing options for scholarship recipients.

8. How will the funds help you achieve your goals?

The funds G.A.A.P. Recovery Inc. receives are crucial to achieving our strategic goals, enabling us to expand our services, enhance our infrastructure, and better support the men and fathers we support.

1. Expand and Enhance Office and Meeting Space

Funds will be used to lease or purchase additional office space, expanding our capacity to accommodate more clients and staff. We will invest in renovations to ensure our spaces are modern, accessible, and conducive to providing confidential and effective support services.

2. Develop and Diversify Curriculum for a Larger, More Diverse Population

Funds will be used to hire curriculum developers and subject matter experts to create and expand our educational modules, ensuring they are culturally relevant and inclusive.

Training and Workshops:

Funds will support the organization of workshops and training sessions for both clients and staff to ensure the curriculum meets the diverse needs of our clients.

3. Expand Affordable Housing Scholarship Program

Funds will be directly allocated to expand the scholarship pool, enabling us to support a greater number of clients in need of affordable housing as they transition to sober living.

Administrative Support:

We will invest in administrative support to manage the scholarship program efficiently, including application processing, client follow-up, and program evaluation.

4. Enhance Outreach and Community Engagement

Outreach Campaigns:

Funds will be allocated to develop and execute comprehensive outreach campaigns targeting underserved communities, community events, and partnership development. We will invest in creating multilingual and culturally appropriate outreach materials to effectively communicate with diverse populations.

By securing these funds, we can make significant strides toward expanding and enhancing our services, ensuring that we continue to meet the needs of the men we support. This financial support will enable us to create a more inclusive and effective environment, improve client outcomes, and extend our impact within the community.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



33_Budget GAAP Budget_984.xls

Organization's Operating Budget



Budget GAAP Budget.xls



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Building Trades Unions Recovery Fund

Organization EIN

88-4089149

Annual Operating Budget

\$600,000

Year Incorporated

2023

Organization Address

35 Highland Ave
Malden, Massachusetts, 02148

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Statewide

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People experiencing homelessness or housing insecurity

Construction Workers

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The Building Trades Unions Recovery Fund works to reduce the impact of substance abuse and mental health in Massachusetts Building Trades Unions by promoting the unions' Employee Assistance Programs, growing networks of peer-to-peer support, and by fighting the stigma and work-loss fears that prevent construction workers from getting help.

2. Describe the services your organization provides or the activities it engages in?

The Building Trades Unions Recovery Fund works in conjunction with the Massachusetts Building Trades Recovery Council, which comprises Union Employee Assistance Professionals and Rank-and-File Building Trades Union members united to fight stigma and barriers to recovery and to increase utilization of Building Trades Unions Recovery programs.

Collaboration and establishing best practices is one of our main missions bringing together all MA Building Trades Unions Recovery programs under one banner to address the opiate, substance use and suicide epidemic plaguing our industry. The work of the Recovery Council and policies we create will benefit the entirety of the construction industry.

To do so, the Recovery Council does a variety of activities and initiatives. First, the Recovery Council's information has been compiled onto a central website: Massbuildingtrades.org/Recovery that leads to each unions' recovery staff and rank and file members with hardhat, porta-potty stickers and banners to link to the website. This allows contractors and members to immediately access the key recovery staff in each trade-- or to contact a different trade or member if they fear any social or work-related stigma.

MA Building Trades Unions in the Recovery Fund also hold All-Trades "Stand downs" where a General Contractor shuts a job down for a length of time and assembles all the different tradespeople. This time allows for a peer-to-peer presentation by Union EAPs and members. These leaders are all themselves in Recovery and work, or have worked, in the construction industry and attest to the physical challenges and stigma. This visible partnership with contractors, who also use this time to ensure workers of their cooperation with union recovery staff for members' recovery and return to work, is helping to change the MA construction industry.

The Recovery Council runs a bi-annual Recovery Contractor Round table that brings General and subcontractors from across Massachusetts to meet with Union Recovery EAPs to grow awareness and collaboration between construction labor and management on Recovery. This group is growing policy awareness and coordination in MA construction-- leading to more stand downs, more direct calls to Recovery staff when crises arise and to concrete return-to-work protocols.

The Recovery Council also is a participant in the Community Naloxone Program and receives Narcan which is distributed across the different unions and job sites through stand downs, trainings and to apprentice classes.

The Recovery Council also holds Peer to Peer support meetings at unions halls weekly open to all trades and dependents. Our website holds a constantly updated list of peer-to-peer construction recovery meetings at various unions halls and virtually across MA. The Recovery Council also holds family-friendly Recovery events to bring together the sober community from across the different trades.

The Recovery Fund also engages in training for Recovery Council staff and interested building trades union members to grow the ranks of "Peer Advocates" in the trades. We held a training led by the Painters & Allied Trades (IUPAT DC 35) from their nationally adopted "Helping Hands" Peer Support training, which is also now taught to all incoming Painter apprentices.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The Recovery Council's priority population is workers in the construction industry. As the most recent data from the MA DPH attests, opiate/substance use death and suicide are more prevalent in the construction industry than almost any other industry in Massachusetts. Massachusetts Building Trades Unions and thus the Recovery Council represent over 75,000 union tradesmen and tradeswomen in the Commonwealth.

There are several key hurdles that create such despair in the construction industry around injury and mental health. The tough, physical requirements of construction work is compounded by hectic scheduling of construction; when the project shifts phases or comes up against deadlines, work often shifts to constant overtime. Being unfit for work or seen as struggling means missing assignment on core crews who can stand to earn significant money with 50-60 hour weeks. This dynamic keeps construction workers pushing themselves and burying their issues as long as they can. If you're not on the crew working, you're not earning. With a family at home and certain hour thresholds to hit to earn health and pension benefits, the deck is stacked for workers to overly push themselves in what is already a dangerous, physically-demanding profession.

If the Recovery Fund & Council can continue to grow and lead by example with our Union's Recovery programs, we stand to significantly make an impact on the MA Construction industry. Just the bi-annual Contractor Roundtable alone is a place where large General Contractors like Turner, Suffolk, JMA and others are crafting their drug testing, return-to-work policies and more based on the input from the workforce-sided Recovery council.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

The Building Trades Unions Recovery Fund and the Recovery Council is at its heart a membership organization. Our goal is to make sure every single member of our unions, their dependents and the industry at large have protected access to mental health and substance use support.

Key to that mission is acknowledging ALL of the barriers that we can identify barring access to treatment and support. This includes tradeswomen, members of color and formerly incarcerated members coming forward for help. The Teamsters Union, a member of the Recovery Fund & Council run a Sisters of Sobriety virtual weekly recovery meeting to address the chance that tradeswomen may prefer to connect with tradeswomen as they begin and grapple with their recovery.

In addition, thanks to significant organizing efforts and gains in recent years, Boston holds the Women Build Boston conference annually to showcase that Massachusetts has one of the highest percentages of tradeswomen in our construction workforce in the country. Early in the morning at this event, Recovery Council tradeswomen leaders run a Recovery meeting. As of 2024, 10% of all building trades apprentices were tradeswomen.

We want to make sure all of our union members understand they CAN get the help they need, but through growing our networks and peer-to-peer groups reflective of our membership, we are striving to make members feel they BELONG in these groups. And that they've EARNED the Recovery benefits they have. Our work strives to paint substance use and mental health as injuries to be healed and addressed-- not as defects of character.

The Council also makes a significant effort to emphasize the "All-Trades" Solidarity aspect of the work. This is in large part to blunt the work loss fears stigma that could prevent an Ironworker struggling with opiates from calling an Ironworker Business Agent for help. Instead, the Recovery Council makes a point (on all of our materials and in our stand downs) that union members from any trade can call ANY other trade for help and to begin the process.

Our goal as a council is to identify as many barriers to access as possible, to empower members to speak of their experiences successfully getting treatment and returning to work with their union and to have this message get to construction workers through as many avenues as possible.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

One of the key aspects of the Recovery Fund & Council is the composition of the Council reflecting the industry and issues we're fighting. Each trade on the Recovery Council (14 of them) has a seat for a union staff person, be it an apprentice training director, business agent, organizer or etc, as well as a seat for a Rank-and-File member who works in the field but also works for the Recovery Fund as a Peer Advocate in coordination with their staff counterpart. In addition, each member of the Recovery Council is themselves in Recovery, whether from mental health or substance use. Many of them have Peer to Peer support experience from their Recovery journey, whether it be Alcoholics Anonymous or Narcotics Anonymous or etc.

In doing so, our conversations and work from the Recovery Council are based in lived experience. The union leaders and members of the council are actively vocal and engaged on their job sites, in their union halls and in their communities to promote Recovery through their own personal experiences.

In many cases on job site stand downs, when a union and contractor are working in tandem, the Recovery council members will identify a member on site willing to speak publicly to the job site about their struggles and their recovery. The effect of this is always striking-- seeing a worker who labors alongside you having the courage to share their story in front of their co-workers is powerful. Oftentimes, members will come forward for help after effective stand downs.

6. What steps has your organization taken to create a more inclusive work environment?

The Recovery Council has already had a noticeable impact across Building Trades Unions in Massachusetts just by organizing and identifying the NEED for construction to step up and fight against opiate and mental health suffering. Many of our union programs have existing Recovery programs or even full-time staff who focus on Recovery, but the creation of the Recovery Council has significantly grown the involvement of unions locals in hiring their own internal recovery staff and of empowering Rank and File members to be leaders and speakers on this topic to their peers, their contractors and to the industry.

Recovery Council meetings are engaged and led by construction workers in recovery who are actively leading their union's recovery programs and living their sobriety out loud.

In addition to the Recovery Council being featured in the Boston Globe representing industries and workplace recovery efforts, the Recovery Council has been covered nationally in the construction industry as a leading example of unifying an industry towards a shared goal of reducing deaths of despair and growing a culture of Recovery solidarity.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

The Massachusetts Building Trades Unions Recovery Council has several overarching goals for the next three years:

- Increase utilization of MA Building Trades Unions' Health and Welfare benefits for detox, counseling and Recovery services
- Reduce opiate death and suicide in the MA construction industry
- Significantly grow MA Building Trades Unions Peer to Peer networks and presence on job sites through trained Peer Advocates
- Distribute Narcan to all union members and apprentices and work with contractor partners to ensure every job site has Narcan and trained workers to react to an overdose
- Increase the amount of All-Trades Stand downs at job sites in Massachusetts

8. How will the funds help you achieve your goals?

Receiving this RIZE CORE grant would be an incredible opportunity to take the strong foundation of support and work the Recovery Council has laid in Massachusetts and operationalize it.

Currently the Recovery Council runs on in-kind labor contributions of the different union recovery staff, rank and file members and by staff at the Massachusetts Building Trades Council. While it has allowed the Council to get off the ground, we've begun looking into grants to directly find a way to grow this worthy mission into something on a wholly higher capacity.

Besides the labor of the Recovery Council which makes the whole All-Trade operation function, we have received donations from contractors and used the funds to send banners and stickers linking to the Recovery council to their job sites. This has been a small trickle of money, but we hope to see this grow significantly with a full time staff person manning the operation.

This funding would directly go towards hiring a full time staff person to coordinate the Recovery Fund and Council towards measurable progress on the goals listed in the prior question. In addition to the full time staff person, the remaining funds would be directly used towards advancing the goals listed.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Building Trades Unions Recovery Fund....pdf

Organization's Operating Budget



Building Trades Recovery Fund, 2024xlsx



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Calmer Choice
Organization EIN	27-2836997
Annual Operating Budget	888577
Year Incorporated	2010
Organization Address	23 F West Bay Road Suite F Osterville, Massachusetts, 02655
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name	
Email	
Title	
Preferred Pronouns	she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 5: Southeast

Check the most relevant box along the continuum for your services or activities. Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply). Youth Families
Educators, Community Organization Staff, Adults

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Founded in 2010, Calmer Choice’s mission is Cultivating Awareness. Living Mindfully. Enhancing Resilience. We envision a world where:

- People lead lives of kindness and compassion toward themselves and others.
- Young people learn skills to cope with the pressures of their world.
- Schools integrate mindfulness into their cultures.

2. Describe the services your organization provides or the activities it engages in?

Calmer Choice is a nonprofit organization serving schools, organizations and individuals on Cape Cod and beyond with evidence-based mindfulness education, training, and mentorship to build resilience, foster compassion, and nurture the wellbeing of all people and communities.

The organization started in 2010 during the height of the opioid epidemic. Since our inception, we have utilized mindfulness as a tool and a practice to fortify resilience and support the prevention of self-harm including suicide and addiction. Barnstable County has higher rates of opioid-related overdose mortality than the state at large. According to the 2023 Barnstable County Substance Use Assessment, holistic approaches are an effective form of substance use prevention, particularly when provided early and consistently to young people. Currently, limited services are provided in school settings. Of the estimated \$48,222,708.77 cost of substance use in the County, only a fraction (\$1,189,438 or 2.5%) has been invested in prevention, demonstrating a clear opportunity for evidence-based, trauma-informed approaches such as our mindfulness-based programming. We fill this gap with a suite of services that support lifelong health and wellbeing across a community from childhood through adulthood.

Our School-Based Programming provides students and teachers with the knowledge, tools, and skillsets

necessary to understand the benefits and practice of mindfulness and how to integrate it into daily life.

Our school-based services include:

- An evidence-based 8-week curriculum taught live in K-5 classrooms by trained Calmer Choice Instructors.
- A full-time Mindfulness Coach that supports educators to extend the Classroom Program, build mindfulness toolkits, and grow mindful school cultures.
- Professional Development (PD) Opportunities for educators and support staff to understand the connections between mindfulness and successful learning.

Our curriculum was developed in partnership with clinical mental health expertise, including research partnerships with Harvard, MIT, Tufts, and Yale, and the publication of a peer-reviewed study from MIT validating the efficacy of our core school-based curriculum.

Our Mindfulness Programming for Organizations gives adults opportunities to learn how integrating mindfulness into professional roles and contexts can reduce stress, anxiety, burnout, and generally improve mental health. We prioritize partnerships with organizations that are offering services to youth in our community. Our organizational services include:

- Mindfulness-based PD & Training for teams, leaders, and individuals.
- Mindfulness Circles facilitate connections and build community through the shared practice of mindfulness. Mindfulness circles are led by a trained facilitator, and groups explore mindfulness through guided and silent practice, shared inquiry, and engaged participation. Mindfulness Circles are available to any community or parent group, or in an educational setting as a PD opportunity.

Our Mindfulness Programs for Individuals develop and strengthen one's own practice to create the critical foundation needed for instructing others. These services include:

- Mindfulness Mentorship: One-on-one sessions to support an individual's development or enrichment of mindful practice, teaching, and living.
- Foundations of Teaching Mindfulness: An engaging 6-month course that develops the core skills and practices needed for anyone teaching mindfulness.
- Calmer Choice Instructor Training: An intensive internal training for new staff to effectively deliver our evidence-based Classroom Curriculum to elementary and middle school students.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our priority is to provide upstream services to elementary school children who are developmentally the most receptive to practices such as mindfulness that support the formation of new neural pathways. Our services focus on students aged 6 to 11 from Kindergarten to Grade 5. Our classroom-based program is intentionally delivered to all students in the classroom as a Tier 1 mental and behavioral health program. We also recognize the importance of extending services to those who support children including their teachers, caregivers, and community service providers.

Population data from communities within the Southeastern Massachusetts region we serve conveys a portrait of a community with increasing socio-economic diversity and demographic complexity that requires us as an organization to be informed, thoughtful, and responsive. Current school districts and organizational partners have students requiring alternative curriculums to meet unique needs. At least half of the English Learner (EL) populations in these school communities are Portuguese- and Spanish-speaking students and almost half also identify as low-income. Barnstable County alone has 22,000 students with 35% considered people of color.

Calmer Choice anticipates serving approximately 3,250 individuals combined for the 2023-2024 academic year across 3 School Districts, 11 Schools, and over 180 Classrooms. This number has the potential to more than double, exceeding 7,500 next academic year, including the expansion into three new districts pending final partner commitments.

In the community, we serve a variety of organizations and institutions to help strengthen the social fabric of caregivers and service providers. We acknowledge the increased numbers of grandparents raising grandchildren, the challenge of finding secure/affordable housing, and the limited availability of accessible childcare. Examples of our community partnerships include the Alzheimer's Family Support Center (AFSC), Cape Cod Children's Place (CCCP), Homeless Prevention Council (HPC), and 6 Early Childhood Learning Centers across the Cape.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Calmer Choice is dedicated to programming that is accessible and comprehensible to our community. This begins with our equitable delivery approach in schools where programming is delivered to all classrooms and all children in those classrooms regardless of known or perceived mental/behavioral risk. This reduces stigma and creates a shared language, toolkit, and culture of wellbeing that supports all students.

Actions taken to support equitable and accessible service delivery includes:

- Covering program costs and/or offering significant subsidies to public schools.
- Centering program staff with lived experiences (i.e., child with a disability in need of special services) that reflect our partner populations and provide us with important programming insight.
- Considering accommodations for students/educators with first languages other than English.
- Including Special Education classes who are often excluded from standard programming/service offerings.
- Offering free, weekly virtual sits for Spanish speakers in the community.
- Ensuring the incorporation of a range of learning modalities including verbal, visual, experiential and auditory delivery to promote broad accessibility.

This approach dovetails with how we understand and utilize mindfulness as a practice that inherently supports the capacities and competencies required to cultivate true inclusiveness and belonging. We define mindfulness as paying attention, on purpose, to what is happening in the present moment with kindness and curiosity. We understand this to encompass being actively aware of the intersectionality of diversity, equity, inclusion, and belonging (DEIB) as it relates to both our internal organizational structures and our external service delivery. We recognize this as a path and a practice, that – like mindfulness – requires constant attention, learning, and commitment. DEIB is incorporated into our existing organizational vision and in deep relationship with our mindfulness practice.

Together, we drafted organizational DEIB goals that focus on programming, culture and long-term sustainability:

- I. Utilize the Commitment to Mindful Work as the guiding framework to inform all aspects of program content, development, planning, and service delivery. Maintain intentional awareness of who may be left out of our programs, and actively review opportunities to develop services that are representative of, accessible to, and inclusive of all.
- II. Ensure all members of the organization feel a sense of collective ownership. This is created by transparency in the decision-making process and a clear understanding of organizational purpose, and individual roles. Furthermore, mindfulness practice and professional work are not viewed as separate domains, but integrated experiences. Therefore, our culture results from an attention to how we show up, the way in which we communicate, and an awareness of the impact of our actions on ourselves, our colleagues, our partners, and those we serve. We place value on the diversity of life experience that all staff bring to the organization.
- III. Cultivate a resource-abundant organization: We believe organizational sustainability and healthy growth requires the existence of vibrant interdependent relationships with the whole of our ecosystem. We acknowledge sustainability as practice of ongoing tending of the relationships between all the people, processes, stakeholders, and forms of knowledge required to maintain organizational health.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Calmer Choice has a robust assessment framework consisting of an established array of tools, processes, and qualitative input from close collaboration with key stakeholders, and in alignment with federal and state guidelines. This feedback, from which the process of collecting this data has been continuously honed - informs updates, improvements, and revisions to the design and details of our program components. It was this feedback, in fact, that informed the need for the organizational development outlined in this proposal. Highlights include:

1. Teacher Survey: Data and educator testimonials collected through this comprehensive less than 10-minute evaluation conducted after each 8-week round assesses service delivery, efficacy, and Classroom Program impact. The 15-question assessment is hosted online through SurveyMonkey and is geared towards understanding the direct experience these teachers are having with the Classroom Program and its effects in / on their individual classroom and students.
2. Qualitative Feedback: Client collaboration is a critical component to ongoing enhancement of our Classroom Program. Calmer Choice staff meets regularly with school principals, student service directors, licensed educators, and other school staff to discuss program delivery and ensure the program is running efficiently. The same goes for community organizations, with frequent regularly scheduled meetings. Finally, collaboration with experts to further refine our program curriculum also has a significant impact on program outcomes.
3. Federal and State Guidelines: U.S. Dept. of Education (DOE) and MA DOE has a Comprehensive Health Curriculum Framework that includes PreK–12 social emotional mental and physical health mandates. This is one example of guidelines that help to direct our programming. Others include the State of Massachusetts (MA) Department of Elementary and Secondary Education (DESE), World Health Organization Wellbeing Index (Eval. development; Tufts OT PhD partnership), and the Center for Disease Control (CDC) and U.S. Surgeon General strategies.

6. What steps has your organization taken to create a more inclusive work environment?

We continue to evolve our team structures and organizational systems to better reflect our commitment to diverse experiences, forms of knowledge, and understandings of mindfulness practice, and we make it our practice to clearly communicate our commitment to DEIB in the following ways:

- Posting our DEIB Statement on our website's careers page for potential job candidates.
- Actively collecting/reviewing demographic data from an anonymous survey sent to Board and Staff to maintain awareness of intersectional diversity that exists, and experiences and viewpoints that may be absent.
- Updating organizational policies to include increased flexibility, more transparency around evaluations, and clear compensation structures.

- Conducting DEIB Trainings for Staff and Board:

- o Yearlong anti-racism staff training with Nan Moore (certified educator in Anti Racist/Anti Oppression/Multi Cultural training) which included monthly discussions at the board and staff level as well as a full-staff DEI retreat.

- o Training with [REDACTED], a leader in trauma sensitive mindfulness (TSM), to learn techniques that ensure accessibility and inclusiveness in the service delivery itself.

- Convening a staff curriculum development working group to further develop our mindfulness curriculum to ensure we're reaching all students (e.g., the growing population of English Language Learner (ELL) students on Cape, neurodivergent learners, and more) and also focused on developing staff and program delivery to ensure that our instructors are effectively teaching to ALL individuals in the classroom (i.e. DEIB-informed, expanding work with Special Education classes across all districts, accommodating for EL constituents and ensuring we are appropriately adapting our language, materials, and approach to serve EL students with varied abilities, offering Mindfulness Circles to non-English-speaking families or other targeted groups who may be less likely to seek out our traditional services.)

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

To deepen the impact of our services, assist us in bringing our work to scale, and strengthen our internal infrastructure to ensure organizational health, Calmer Choice has 3 primary goals:

Goal 1: Complete a Strategic Revisioning & Planning Process

Goal 2: Develop an Updated Business Model & Case for Support

Goal 3: Expand Impact by Establishing Calmer Choice as Sector Convener

The CDC identifies classroom-based mindfulness programs as a key strategy to preventing mental health problems and promoting positive student behavioral health. Historically, Calmer Choice has pioneered the delivery of mindfulness in public education, demonstrating a model for effective integration of mindfulness instruction in the classroom – and we intend to maintain this leadership.

Recently, we have received feedback from classroom teachers, administrators, and school support staff that the post-covid educational context has become increasingly challenging and incidents of student mental health difficulties and widespread dysregulation are on the rise. Based on numerous assessments of the region, substance abuse and mental health issues are major concerns on Cape Cod. Yet behavioral health services, both in the schools and across the community, are lacking.

Continuous development of our programming to ensure it responds effectively to emergent needs is our focus. [REDACTED] of Creative Inquiry Labs (CIL) helped us create an updated Theory of Change (TOC) Framework to identify meaningful programmatic outcomes to guide our program development. Grounded in literature and scientific study, those outcomes are:

1. Healing & Wellbeing
2. Social-Emotional Learning
3. Human Flourishing

Our top goals to move us towards realizing these outcomes are:

Goal 1: Complete a Strategic Revisioning & Planning Process

We will complete a year-long facilitated process to create alignment and clarity for the next organizational chapter following the retirement of its longtime founder and the wake of the Covid pandemic. This process will result in a new 3-year strategic plan that will define how we intend to realize our new TOC outcomes to deliver the most impactful programming possible.

Goal 2: Develop an Updated Business Model & Case for Support

To ensure our program revenue model responds to the realities of today's funding environment, we intend

to adjust our partnership model to center on research-based inquiry, enabling schools/organizations to receive programming for free while providing researchers viable case-study sites to enhance sector-based knowledge to inform improved mental/behavioral/prevention-based initiatives. Meanwhile, we will develop a Case for Support that speaks to the critical behavioral/mental health needs of today, including the importance of investing in preventive initiatives to establish foundations of lifelong wellbeing.

Goal 3: Expand Impact by Establishing Calmer Choice as Sector Convener:

Over the next two years, we will be partnering with educational researcher(s) on 2-3 pilot case studies that identify knowledge gaps in the mindfulness/mental health/education space and bring stakeholders together to investigate approaches, pilot programming, and share best practices to improve interventions at both the local and field level. Using Human Flourishing as a central focus, we plan to host a multi-sector conference to present case study findings and invite conversation across fields.

8. How will the funds help you achieve your goals?

A 3-Year CORE grant of \$300,000 (\$100,000 annually) toward general operating support would directly cover expenses associated with the goals outlined above. The timing is especially important given a decline in federal covid-related Elementary and Secondary School Emergency Relief (ESSER) grant funding this coming year.

We anticipate this funding would allow us to:

- 1. Hire a values-aligned external change-management consultant to facilitate our year-long strategic planning process, to involve multiple sessions with Board of Directors and Staff.
- 2. Extend the contract with [REDACTED] of CIL to help align our programming with our new theory of change model and adapt our supporting revenue approach to be more sustainable.
- 3. Offset the salary of our new Director of Philanthropy (DOP) so that we can maintain a robust and professional approach to development and fundraising.
- 4. Provide seed funding to launch our national conference to elevate the conversation around the intersection of mindfulness, mental health, and effective prevention strategies.

Attached is the FYE June 2024 budget (including updated projections.) Our FYE June 2025 organizational budget will be approved by the Calmer Choice Board later this month.

As our current fiscal year comes to an end and we prepare for the next, a strong and stable leadership team, an extremely dedicated staff and Board, and funders who have believed in our mission, give us confidence in our ability to navigate the organization’s next chapter. We have successfully managed expenses and reduced projected losses this year, as is evident by the -\$44k loss being reduced to well below the original -\$93k. FY2025 fiscal plans include key investments in our ED, new DOP recruit, and engaging CIL. Our leadership team will work closely to build long-term fiscal stability. We are very optimistic given the robust fundraising strategy already being built out.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Calmer Choice Audited Financials_06.... .pdf

Organization's Operating Budget

 Calmer Choice FY 2024 Budget.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose For general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Camp Happy Place
Organization EIN	93-4942312
Annual Operating Budget	70,000
Year Incorporated	2024
Organization Address	39 Wellesley Street Pittsfield, Massachusetts, 01201
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	Founder and Director
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 72000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 1: Western MA

Check the most relevant box along the continuum for your services or activities.

Trauma, Grief, and Family Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

Youth

Families

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Camp Happy Place is an overnight camp that provides a fun and safe community for children ages 9-12 who have lost a parent to addiction.

2. Describe the services your organization provides or the activities it engages in?

Our Founder and Director [REDACTED] attended summer camp for 15-summers on the grounds where Camp Happy Place will take place. Now, as a Licensed Alcohol and Drug Counselor who works with middle and high-school students, many who have lost a parent to addiction, it became her mission to bring the joy she experienced each summer to kids who deserve and need it most. Therapeutic staff will be on hand if needed, but the essence of Camp Happy Place will be on fun. Set among 100 acres at the foothills of the magnificent Berkshire Mountains it will be where memories are made.

With an anticipated launch date of June 2025 Camp Happy Place will serve 30 campers ages 9-12 who have suffered the unfathomable loss of a parent to addiction. They will enjoy 3-nights and 4 days experiencing all the activities of a typical overnight summer camp— sports, arts and crafts, campfires, talent shows, swimming and outdoor adventures like climbing walls and ropes courses-all led by experienced staff.

Summer camps are often where significant personal growth occurs. Campers discover skills they never knew they had, face challenges and form bonds that will last a lifetime. Experienced camp counselors will bring their exuberance to each daily activity, cheering our campers on every step of the way. There days will be full ones with several activities in the morning and afternoons into dinner time, and will be capped by a special evening activity each night. Outside volunteers will be utilized for things like yoga instruction, cooking classes, drum circles and other unique activities that most of our campers have most likely not experienced before.

We plan on holding at least two events between summer sessions where the campers and families can come together for a day of fun. We want our campers to nurture and retain the bonds that they have undoubtedly formed during their 4 days together.

We know that Camp Happy Place is a unique concept and we are so eager to watch our campers grow and

thrive. We are very grateful for the opportunity to be considered for much-needed funds to make that happen.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The young people who will be served by Camp Happy Place will all have lost a parent to addiction. The first year we will have 30 campers ages 9-12 and hope to expand from summer to summer.

Because key camp staff are located in the Berkshires of Western MA, initial referrals will be given by therapists and key figures in local schools. The recovery community is very tight-knit and word-of-mouth will play a key role in the recruitment of campers for our first session. The overdose and alcohol related deaths in Berkshire County continue to be one of the worst in the state and the number of children who lose a parent as a result rises all the time.

Board and staff members of Camp Happy Place are spread throughout the state so our plan is to expand our outreach and recruitment in our second summer.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Our target population is a very specific one– 30 children ages 9-12 who have lost a parent to addiction. Initially the “community” where we pull our campers is Berkshire County where we have connections to referral sources and caregivers. There will be a rigorous vetting process to make sure that potential campers are appropriate for the camp community to insure the safety of our staff and other campers.

We are consulting with other camps who serve similar populations to see if they have a process such as applications and questionnaires. It's a delicate balance– we don't want to alienate anyone but we also have to be careful to again, ensure the safety of our camp community.

Parents and or other guardians know their children best so they will be included in every step of the process. A tricky thing is that it will be important for each camper to understand what they all have in common with each other. In other words, they have to have SOME awareness that one (or both) of their parents died as a result of their addiction. Parents/caregivers/guardians will be made aware of that immediately and will have to make that choice.

As mentioned elsewhere, although Camp Happy Place will be centered on FUN, there will be experienced counselors and staff in long-term recovery involved in every aspect of every day if needed. We know that these kids have experienced incredible trauma and are very aware that strong emotions are bound to bubble to the surface.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Currently 2/5 of our Board of Directors are in long-term recovery and our Founder and Director is a Licensed Alcohol and Drug Counselor. Within the next month we plan to add a grief counselor and the mother of a child who lost his father to addiction to our board. We will be recruiting older youth who have lost a parent to addiction to serve as counselors to our youngest campers. Eventually we plan on including campers who have attended Camp Happy Place and who are willing, to speak at events and join our Board.

Our camper's parents, guardians and caregivers will be our most important source of guidance. They know their children best. 50% of our frontline staff such as camp counselors, athletic instructors and administrators are either in recovery or licensed counselors in the field of addiction, social workers and those who have worked with kids in public school systems around the state.

In the end though, it will be our campers who will provide us with the most important feedback. They will be given surveys to complete at the end of the session to give us that feedback, both positive and

negative. It is the only way going forward that we will know if our program is effective in the way we hope and suspect it will be.

6. What steps has your organization taken to create a more inclusive work environment?

Our staff and Board of Directors intentionally reflects the population we anticipate serving in their gender identity, ethnicity, race, and personal experience with their own addiction or the loss of someone close to them. The members of our Board in long-term recovery have already educated board members who have a much more limited knowledge of addiction in invaluable ways and ways that will help inform the services we bring to our campers (and their families).

We anticipate a diverse group of campers in their ethnicities, gender identities and socioeconomic status (addiction is not limited to the underserved!) One of the best things about camp in general is that it's a great equalizer. Everyone is free to be themselves without fear of judgement.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1) To be able to expand the number of young people we serve: Because this is a pilot program we wanted to start with a small base number of youth to ascertain the scope and scale of services and staff needed for our first summer session. There are a lot of moving parts in a typical day of summer camp so it's important that we finesse and tweak the process as needed as we move ahead in the future.

2) Extend the number of days from 4 to 7: 3-nights and 4-days barely scratches the surface of all of the multi-faceted experiences of summer camp. Again, as mentioned in Goal 1, we want to be able to finesse and perfect what we learn from the first session and bring that confidence and experience to all the summers to follow.

3) Donor management software: Right now all donation tracking and acknowledgment letters are being captured on simple Excel sheets. As the number of donors grow (which they are doing gradually at this point) it's imperative that we have a professional system that will generate reports, collect the most accurate data possible and make sure that our donors are thanked immediately. This is our highest priority right now and a good portion of funds we are awarded we will be applied to that.

4) Secure ongoing and increased funding through individual and corporate donations and grants: We anticipate increased outreach including fundraising events in order to continue funding our growth. We want to convey to both leadership and corporate donors that these events will increase their visibility. Outreach and fundraising events have expenses tied to them so extra funds will help us to achieve the high caliber that we aim to achieve.

5) Hold at least two get togethers for our campers and their caregivers between summer sessions: The bonds created during summer camp are special and strong and we don't want our campers to have to lose the momentum of the special relationships they've formed. These get togethers will also be a wonderful way for parents and caregivers to meet and form their own relationships. Expenses for these events include transportation, venue rental, entertainment and food.

8. How will the funds help you achieve your goals?

With our goals to expand the number of campers we serve and the anticipated lengthening of the number of days they attend, the costs obviously rise incrementally. Right now we have an all volunteer frontline staff and don't anticipate that changing. As you mention in your examples, we would expect to pay "specialists" like a deejay for a dance party, a yoga instructor for a day, etc. We would love to bring in any individuals who can add something "extra" to our camper's experience.

The more campers we have, the more funds we have to raise. Families do not pay a dime of the cost to attend Camp Happy Place. Additional funds from RIZE would help us supplement the increasing amount of donations we have to raise from individuals, corporate donors and other potential funding sources.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Expenses and Fund Raising to Date -xlsx

Organization's Operating Budget



operatingbudget.pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Cape Cod Children's Place
Organization EIN	04-3265972
Annual Operating Budget	2967456
Year Incorporated	1995
Organization Address	10 Ballwic Road Eastham, Massachusetts, 02642
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 5: Southeast

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

At Cape Cod Children's Place, we advocate for the Cape and Islands future by building resilience, strengths, and skills in children and the adults who care for them.

2. Describe the services your organization provides or the activities it engages in?

In 1995, Cape Cod Children's Place was established in response to the Lower and Outer Cape's need for high-quality early education and family support services. We now have three focus areas—early education and care, family support services, and community engagement—all provided within a holistic, strengths-based framework. Our family support work includes recovery supports, parent education, play groups, support groups, home visiting and connection to community resources. Through community engagement, we partner with community members and organizations to address barriers and systemic challenges affecting everyone on the Cape. This year we served over 3,000 families.

Many of the families we serve have been impacted by substance use disorder or exhibit risk factors for future use. Over the last 10 years, Cape Cod Children's Place has increased our programming to support prevention and recovery in our community. We first noticed a large influx of grandparents seeking support with raising their grandchildren. We were also called to provide parenting education classes to parents in recovery at local shelters or to parents who were involved with the Department of Children and Families (DCF). Our staff recognized the need to create unique programming tailored to parents in recovery.

By 2018, our programming evolved into FIRST Steps Together, now with a team of 8 staff. This community-based, home visiting program provides integrated support to increase parenting and recovery capital for families impacted by substance use disorder with children 10 years or under, regardless of care and custody arrangements. Our staff with lived experience provide evidence informed interventions to increase parental resilience, secure attachment, recovery support, developmental knowledge, and to form community connections. Through private donations, we provide concrete supports that assist with eliminating barriers to recovery, such as car repairs to be able to get to recovery resources.

Simultaneously, the number of calls we were receiving asking for our help with children in early education and care settings displaying challenging behaviors was dramatically increasing. For many years, we addressed this need by supporting one child at a time, but we knew this wasn't enough. The State Opioid Response- Prevention in Early Childhood (SOR-PEC) grant provided Cape Cod Children's Place the opportunity to create the Wellspring Project to address risk factors for future substance use disorder in young children by allowing us to focus on preventative, rather than reactive practices.

The Wellspring Project partners with early education and care centers and caregivers through a collaborative coaching model to build their capacity to nurture resilience and social emotional wellness in young children and the adults who care for them. Guided by research on mental health and early childhood, we use the evidence-based Devereux Early Childhood Assessment (DECA) Program to assess and foster resilience in children. The DECA system also aims to enhance the resilience of key adults and create environments that support resilience-building behaviors in both children and adults. The Wellspring Project creates a culture of resilience at a systems level versus one child at a time, leading to a greater impact in our substance use prevention efforts.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

This past year, Cape Cod Children's Place served over 3,000 families with children 10 years and under across the Cape and Islands. Our seasonal economy contributes to economic instability, leaving many families struggling in the off season. In Barnstable County, almost half (48%) of the population has public health insurance and just about half or more renters are considered housing cost burdened in most towns (1). Similarly, many parents struggle with recovery due to limited access to affordable housing, reliable transportation, and health care, as well as facing stigma within the health and legal systems.

The Wellspring Project provides support to early education and care centers that serve under resourced families. Common trends within our target centers include a high percentage of families using early childhood vouchers and qualifying for free meals, teachers with primary languages other than English, and administrators wearing multiple hats to fill staffing gaps. According to our community needs assessment during the Wellspring Project planning process, a high proportion (70%) of the 103 surveyed educators and administrators from 5 local Barnstable County early education and care centers serving children ages 0-5 reported experiencing extraordinary stress and overwhelm impacting their capacity to nurture the social emotional development and resilience of the children and adults at their sites. Furthermore, 93.34% of these early childhood teachers and administrators also reported struggles to support children exhibiting challenging behaviors that impact the classroom environment. According to our surveys, there is a strong desire for professional development and collaborative coaching support to meet the social emotional needs of the children in their care, but access to that support wasn't available before Cape Cod Children's Place.

1: Barnstable County Department of Human Services Substance Use Assessment, January 2023.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Our team is committed to continued growth in our cultural competency; we prioritize listening and deepening our understanding of what resources and needs are present and of importance to the communities we serve through building relationships and consistent communication. By embracing diversity and actively working to eliminate barriers, Cape Cod Children's Place works toward a future where all families have the opportunity to access the support and resources they need to thrive. Currently, we

ensure accessibility and equity by having:

- **Staff Trained in Promoting Equity:** Staff from FIRST Steps Together and Wellspring Project are highly trained in promoting health equity and providing trauma-informed service delivery, with monthly professional development opportunities using a DEIB lens to build their capacity to implement systemic and relational change in our community.
- **Diverse Front-Line Staff and Contractors:** We employ a diverse team of front-line staff and contractors who reflect the communities we serve, including language (English, Portuguese, Spanish, and Russian), race/ethnicity, gender (including Dads), and lived experiences. This diversity helps us better understand and meet the unique needs of our participants.
- **Private Grants to Eliminate Barriers:** We secure private grants to help eliminate barriers for participants, particularly those with substance use disorders. These funds provide support such as childcare tuition scholarships and assistance with car repairs, ensuring financial constraints do not prevent caregivers from accessing recovery services.
- **Tailored Events and Programs:** We create events and programs tailored to specific populations, such as moms, dads, parents in recovery, families from Brazil, and grandparents. This targeted approach allows us to address the unique needs and challenges of different groups within our community.
- **Language Translation Services:** We use translation services to make our printed materials accessible to non-English speakers. Flyers and informational materials are regularly translated into Portuguese and Spanish, ensuring vital information reaches more families.
- **Community Networking Groups:** We continually engage with our seven community networking groups to understand current needs in our diverse community, ensuring our programs and services are more inclusive and effective. We also provide support and guidance with community partners to build their capacity to better serve families impacted by or at risk of substance use disorders.
- **Advocacy Engagement:** Our staff engage in advocacy to promote social change, such as making high-quality early education and care affordable and accessible to all Massachusetts families (Common Start Coalition) and CORI reform.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Our organization was created and continues to grow because we listen and respond to the needs of our community. At Cape Cod Children's Place, we prioritize community input in shaping our programs and services. We actively seek feedback through various channels, including our Parent Advisory Council and 6 other community groups. When we have specific questions or challenges, we also facilitate focus groups with community members. These channels, along with participant satisfaction surveys, serve as vital forums for ongoing dialogue and feedback. Our diverse staff, including individuals who have been consumers of our services with lived experience, enrich our team with firsthand insights into community needs. Our commitment to community input drives our efforts to continuously improve and tailor our programs to better meet the diverse needs of those we serve.

6. What steps has your organization taken to create a more inclusive work environment?

Cape Cod Children's Place is committed to fostering a more inclusive work environment through various initiatives and practices:

- **Diverse Hiring Practices:** We actively seek to hire diverse staff at all levels, including directors, as positions become available. This intentional approach to hiring helps ensure that our team reflects the diversity of the communities we serve.
- **Program Specific DEI Training:** Staff have received Diversity, Equity, and Inclusion (DEI) training. We recognize the need to make these professional development opportunities accessible to all staff and contractors to build their capacity to implement systemic and relational change within our organization and in our community.

• Exploring Equity-Focused Policy Development: With the recent appointment of our new Executive Director, one of the first needs she identified was the creation of equity-focused human resource (HR) policies. We are currently interviewing HR consultants to assist in creating policies and procedures with an equity lens, fostering an environment where all staff feel valued and supported. Cape Cod Children's Place strives to create an environment where diversity is celebrated, equity is prioritized, and all staff feel valued and supported in their roles. Then, in turn, our staff have the capacity to create the system change our community needs to improve equity for all. There is more work to be done both within our organization and in our community.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our goal is to enhance our substance use prevention services and provide equitable support for caregivers in recovery. By improving service delivery, our staff will be better equipped to assist caregivers in recovery and promote the necessary systemic changes needed to improve the opioid crisis on the Cape and Islands. Following local assessment recommendations, Cape Cod Children's Place will focus on strengthening recovery services, prevention services targeting young children, and increasing community awareness of available resources for families affected by or at risk of substance use disorders.

Goal #1: Strengthen Organizational Capacity for Systems Change

- Strengthen Equitable Policies & Procedures: In Year 1, we will hire an HR consultant to develop equitable policies, fostering an environment where all staff feel valued and supported in promoting health equity.
- Increase Staff Capacity: We will offer professional development to enhance staff ability to deliver strength-based, trauma-informed services with a recovery lens. Additionally, we will seek training for supervisors to foster a culture of equity and resilience, enabling our staff to support parenting, recovery, and substance use prevention across all programs and influence change in other agencies.
- Continue Wellspring Project: Our Wellspring Project uses a collaborative coaching model to work with early learning centers and caregivers, enhancing their ability to foster resilience and social-emotional wellness in young children and their caregivers.

Goal #2: Enhancing Service Accessibility for Families in Recovery

- Enhance Support for Department of Children and Families (DCF) Involved Families: Throughout Years 1 to 3, we will provide compassionate caregiver support with supervised visitations. Upon completing a parenting class, caregivers can receive coaching before and/or after the visit and visitation packets with books and activities that promotes bonding.
- Establish Accessible Space to Build Parenting Capital: By Year 2, we will secure rental space to create a healing and supportive center for families affected by or at risk of substance use disorder. We envision this center as a place of love and acceptance, offering scaffolded skill-building, reparative experiences, and a safe refuge for reflecting on life's most challenging and vulnerable moments. Rather than only learning about parenting in theory through classes, families can receive coaching in real time with their children.
- Upgrade Rental Space: In Years 2 and 3, we will upgrade the space into a family-friendly, multi-disciplinary drop-in center for groups, parenting classes, and recovery meetings. It will be a free, joyful space offering support without judgment. We will explore with DCF the ability to conduct supervised visitation at this site.

Goal #3: Increasing Visibility of Support Services

- Engage Marketing Consultant: In Year 1, we will hire a marketing consultant to enhance the visibility of our services, focusing on families impacted by substance use disorder. The marketing campaign will start to remove stigma by normalizing conversations around substance use disorders.

- Promote New Physical Location: By Year 3, we will market the center to all families, especially those interacting with DCF, emphasizing it as a welcoming space designed to support and strengthen families without judgment or stigma.

8. How will the funds help you achieve your goals?

Barnstable County has one of the highest rates of infants exposed to substances, only behind Berkshire and Bristol Counties (1). In 2020, the Cape had 35.6 opioid related deaths per 100,000 population as compared to 30.6 for all of Massachusetts (2). The opioid crisis has wreaked havoc in our community and yet stigma and health inequities across our systems make it difficult to both recover from and prevent this ongoing crisis. Our rural community needs to expand and invest in both prevention and recovery services to change the tide of this crisis in our community (2). Though Barnstable County spends over \$48,000,000 on substance use services each year, only 5% of those funds go towards prevention and recovery (2).

This funding would be transformative for children and families on the Cape and Islands. This investment in our community would enable Cape Cod Children’s Place to greatly strengthen our substance use prevention and recovery services, including creating a welcoming space of healing and resilience building. Your support would enhance our organizational capacity to engage in systems change work, improve service accessibility for families in recovery, and help reduce stigma by increasing awareness of substance use disorders. By better serving families impacted by or at risk of substance use disorder in a more equitable and accessible way across all our programs, we could strengthen, heal, and restore thousands of lives each year. Our staff are deeply passionate and committed to this transformative work. We refuse to accept the status quo; our aim is to bring about the meaningful change our children deserve in our community. Together, we will create a resilient, thriving community where every family has the opportunity to flourish.

1: MDPH’s Substance-exposed Newborns and Maternal Opioid Use Surveillance Data,2023.
2: Barnstable County Department of Human Services Substance Use Assessment,2023.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Audited Financial Statements FY23.pdf

Organization's Operating Budget

 CCCP Budget FY24.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	CCB Foundation
Organization EIN	82-4243941
Annual Operating Budget	700000
Year Incorporated	2018
Organization Address	27 Highview Road Rockport, Massachusetts, 01966
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name	
Email	
Title	
Preferred Pronouns	she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 3: Northeast

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

As a 501(c)(3) non-profit charitable organization, CCB Foundation's mission is to support people in achieving and maintaining long-term recovery by funding, providing, and expanding the availability of transitional support services and programs.

2. Describe the services your organization provides or the activities it engages in?

CCB Foundation Inc found its beginnings in February 2018 shortly after the death of the founders' son, Cory, in August 2017. Cory struggled with Substance Use Disorder (SUD) for several years but managed to become clean and sober for 2 plus years and got his life back on track. A momentary relapse caused his death as fentanyl was unknowingly involved. Throughout Cory's journey it became apparent that while there are numerous resources available for treating SUD, few resources were available to support those in recovery, especially during the period of early recovery when a person is at high risk for relapse. At CCB Foundation and through its recovery center it operates, the CORE Peer Recovery & Resource Center (CORE), our goal is to support people in achieving and maintaining long-term recovery and to help people regain their footing in their local community with the support of their peers, their families, and their loved ones. CORE offers all-encompassing services that heal and support the mind, body and spirit.

The CORE is a peer-led and peer-driven recovery center that provides multiple supports, resources and services to individuals in all stages of recovery such as:

- Recovery Coach support
- Peer-led workshops
- Health and wellness classes and workshops (Yoga, New Fitness center, meditation, music, recovery literature)
- Recovery support groups of all types (AA, NA, Men's Recovery, Women's Recovery, Young People's Recovery, Aging and the 12 Steps, Creative Recovery, LGBTQIA supportive Recovery Group)
- Access to the computer and internet
- Job skills training (resume writing, interviewing skills, computer skills etc.)
- Services for those with financial struggles and housing inadequacy – housing & benefits advocacy
- Sober social events and activities (Friday night young people's hang out, hikes, dances, bowling, community clean up, Recovery Cruise, dinners, gardening)
- Support for re-entry following incarceration
- Family education and support (Learn to Cope meetings, Grief Meetings, Family nights)
- Volunteer opportunities within the CORE and within the community
- Connection to other community resources
- Information and referrals for continuing care
- Particular effort to outreach to Salvation Army where many people who are impoverished and seeking care stay for long term treatment, including BIPOC (people of color) individuals in recovery. We now drive them with our van to events (meals & meetings) at CORE on a weekly basis.
- Support & respect for all spiritual paths, religious beliefs, and practices – daily meditation (peer led, always varied), spiritual exploration group, literature exploration group (includes writings from diverse religious traditions), new Dharma Recovery group
- Support for those with other mental health conditions by offering Recovery Education group/class on underlying psychological conditions (4x per week), as well as individual recovery coaching, and referrals to behavioral health treatment, help locating individual therapists and other structured treatment programs)
- Accommodations and care for those with physical disabilities – all accessible spaces, weekly yoga that accommodates all abilities – can use chair, large baffles, blocks, straps – props for everybody limitation need. New workout/exercise room for individualized help strengthening bodies with personal trainer coaching from Phoenix recovery

•Outreach materials in languages other than English (e.g. Spanish & Portuguese)

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The CORE is located in Gloucester MA on Cape Ann. The CORE serves all communities on Cape Ann including Gloucester, Rockport, Manchester, and Essex, but also serves members from Beverly and Peabody. The closest other peer recovery support center is in Lynn, MA which is 26 miles away. Our current membership is 308 and growing.

We strive to serve as many of the priority population as possible in all communities through outreach and targeted programming. Below is a list of those priority populations and the number of current members that fit into that category (note that some members may fall under several categories).

•LGBTQ+ identified - 20

•People who are formerly or currently incarcerated - 45. CORE is many people's first stop after incarceration or discharge from a program or detox.

•People experiencing homelessness or housing insecurity. This includes people who might not be currently experiencing housing insecurity, but who were when they filled out the membership forms - 60. We are also in close proximity to the local homeless shelter in Gloucester, and CORE has been a safe, sober space for many people who reside there.

•People with disabilities - 23

•Black, indigenous or other people of color - 31

•People with limited English proficiency - 18

•Youth - 28. Our Friday night young people's hangout and AA meeting have attracted many new younger members, but we do not currently allow people under 18 so that does limit this number a bit.

•Families – 42 The CORE offers support to family members who have a loved one struggling with SUD through weekly Learn to Cope Meetings as well as Grief support meetings for those who have lost a loved one to SUD.

•Veterans - 21

•Older adults - 56

•Immigrant communities – 22

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

CCB Foundation's compendium of services is provided through the CORE. CORE is community of people in recovery and is run by peer staff and the peer member community itself. It is through the peer community membership meetings that ideas for services, programs, events, and other resources are brought forth, vetted, and then realized. In any discussion of program planning, inclusion is always part of the discussion. People in recovery have lived experience as a marginalized group within any community so it becomes a natural part of the discussion to make sure we take intentional steps to ensure inclusivity. Understanding that many peer members have challenges in their lives that may preclude them from participating, staff and members identify and address these challenges to ensure that all programs are inclusive. Examples are providing transportation, assisting with financial needs, printing informational flyers in multiple languages, and partnering with bi-lingual members or utilizing technology to address language barriers.

As a peer-member association, CORE is the embodiment of the local recovery community. CCB Foundation fully understands that the face of CORE (i.e. the staff) needs to reflect the rich diversity of this community and is sensitive to retaining a diverse staff that represents the community it serves. CORE staff, including those in leadership roles, represent a cross-section of some of the major racial, ethnic, and gender classes including white/non-hispanic, BIPOC, LGBTQIA, female, male, and various age ranges. Addressing diversity is an ongoing focus and challenge.

With only eight staff, it is not possible to hire someone from every possible demographic; however, CCB Foundation's approach to increasing diversity and diversity awareness has been to expand the CORE's diverse culture through its peer members and further encouraging members to become peer leaders and volunteers. With over 300 peer members, we have been able to broaden the demographic profile of the CORE culture.

However, the work is never finished. We continue to identify and reach out and engage with targeted groups where we feel we could have more participation. For example, we are partnering with a local youth services organization to bring group meetings and services to young adults aged 18-25. We are collaborating with the YMCA to create a meeting for parents where childcare is provided during the meeting. We are also working with a peer member volunteer to begin a peer support group meeting by and for Veterans. Because the Cape Ann area has a large Brazilian community, we continue to search for better ways to engage and offer bi-lingual services through our own members as well as partnerships with other local social service provider agencies, such as Action, Inc.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

As discussed, CORE is a peer recovery support center. This unique model relies on its peer members to develop the programs and services that are offered. Facilitated by staff, the peer membership meets weekly to discuss all aspects of the CORE including membership, governance, policies, and proposed programs, services, and events. Meetings are conducted both in-person and over Zoom and are held alternating between late mornings and evenings to make them available to as many peer members as possible. This meeting is an open forum open to all members, as well as possible new members, where questions and issues can be discussed. This meeting is run by the peer members and not staff. Staff are present to document the meeting minutes, answer questions, and provide whatever operational support needed. In the end, staff works with the peer members to help facilitate the ideas approved by the members.

There are also areas where members can post suggestions at any time including a message board and a posted monthly calendar board. CORE also periodically sends out a survey to all members, soliciting feedback on the overall performance of CORE, including programs, activities, services, facilities, staffing, and whether the CORE is helping someone achieve their personal goal of sustained recovery.

CORE also maintains a presence on social media in both Facebook and Instagram where anyone can post comments. CORE's website www.corerecovery.org has a page where someone can send an email to voice any concern, issue, idea, or question they may have.

6. What steps has your organization taken to create a more inclusive work environment?

We are sensitive to inclusivity in many ways as it is one of our mostly highly held values. We celebrate diversity. We listen to one another deeply, paying particular attention to the "minority voice" that often needs respect and encouragement to speak out. Our decision-making is collaborative and largely democratic on all levels.

CORE staff is made up of four males and four females. The age range is all encompassing from 29 to 65. Each staff member brings their unique selves and strengths to CORE. All staff have lived experience with SUD and various lengths of time in recovery. The staff population includes individuals from the BIPOC community, the LGBTQ+ community, our senior community as well as an individual with a learning disability and physical challenges.

All CORE staff embrace the peer model, supporting each other at weekly staff meetings, as well as weekly individual meetings with the director. All staff members participate in trainings, many of which are offered

through BSAS addressing a variety of issues which benefit their personal growth, wellbeing, and breadth of knowledge related to SUD. At least one staff member has attended DEI training with more being encouraged to do so.

For team building the center was closed one day to allow all staff to attend the statewide “Infinite Pathways Conference” hosted by BSAS. This was the first annual conference, and all staff are looking forward to continuing to attend yearly. The staff returned rejuvenated, refreshed and appreciated!

III. The goal of this funding is to help you build your organization’s capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

CCB Foundation was founded by the parents of a child that struggled with an opioid addiction, found treatment, but after 2 years of sobriety, died as a result of a relapse that involved fentanyl. With the prevalence of powerful opioids flooding our streets, it became apparent that the only sure way to prevent similar stories from happening was to help people achieve and maintain their recovery. Since its beginnings in 2018, CCB Foundation has been a 100% volunteer organization, disbursing all funds it raised to treatment centers and other like-minded organizations that truly support recovery. Wanting to offer more, CCB Foundation pursued a contract with the Massachusetts Bureau of Addiction Services (BSAS) to open a peer recovery support center on Cape Ann. Following its initial award in 2022, CCB Foundation opened the CORE. In 2023, CCB Foundation was awarded a 5-year contract (with two 2-year options) from BSAS to continue to operate the CORE.

CCB Foundation’s first goal is to continue to successfully operate the CORE throughout its contract period. The BSAS contract only partially funds the day-to-day operations of the CORE. CCB Foundation continues to search for grant opportunities to offset costs associated with programs and services that are not funded through BSAS. Examples of unfunded costs include hiring additional staff not funded through BSAS, paying staff “living wages” above what BSAS funds under its contract, adding enrichment programs such as weekly yoga classes and building a fitness room with a variety of gym equipment, and sponsoring sober social events such as the upcoming recovery harbor cruise in Gloucester.

Our second goal is to build an administrative management structure to ensure the CORE is sustained throughout the contract period and beyond. As mentioned above, except for direct CORE staff, CCB Foundation is completely administered by volunteers. Specifically, its two founders perform all of the typical overhead functions of an organization as unpaid volunteers including CORE oversight and staff management, human resources, payroll, purchasing, general accounting, contract management, marketing and business development, grant writing, and facilities management to name a few. We recognize that this is not sustainable and that we need to hire management and administrative staff where their full attention is on the day-to-day operations of CORE and CCB Foundation. As a start, we hope to secure funding to hire an Executive Director as a first step to achieve this goal and to develop a long-term management strategy to carry CCB Foundation and CORE in a sustainable manner long into the future.

Our third goal is to continue the work of advocacy and awareness of the SUD problems facing our local community and across the state. We will continue to raise awareness CORE’s presence and continue outreach efforts to increase its membership. We will continue to participate in networking meetings with other provider agencies, participate in conferences, and look for opportunities to participate in work groups and committees wherever possible.

8. How will the funds help you achieve your goals?

The BSAS contract does not fully fund CORE’s day-to-day operations nor does it provide funding at levels that support the typical administrative overhead functions of a business. Unlike most of the other 40+ BSAS-funded RSCs in the state owned by larger for-profit corporations, we do not have any other business activity that generates revenue, such as fee-based SUD provider services (e.g. treatment programs, counseling, sober housing, medical services, etc.) that support typical overhead costs. As a result, we are not able to hire administrative overhead staff. The overhead functions of CCB Foundation are currently performed by the unpaid founders, which we do not believe is sustainable.

Hiring an Executive Director to handle the daily management functions of the CORE is the first step in

creating a self-sustaining organization to carry out our mission. We believe that the focused attention of a full-time manager would greatly benefit not only the efficient management of the CORE but will have a positive impact on staff management and development.

In addition, hiring of an Executive Director will allow the CCB Foundation founders more time to continue the work of advocacy by participating in more committees such as the Attorney General’s Family Advisory Council for SUD that we currently serve on, attending conferences, accept more speaking engagements such as the annual substance use grief conference we have spoken at the past two years or at local community organizations such as the local Rotary groups where we have spoken and be more active in family support groups such as Learn to Cope where we have served as group facilitators.

Hiring an Executive Director will also free up the founders' time to pursue additional grant opportunities that further the cause of CCB Foundation and further expand the programs and service offered at the CORE.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 CCB Foundation - most recent 12 mon....pdf

Organization's Operating Budget

 CCB Foundation 2024 Budget.pdf



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Central Massachusetts Agency on Aging Inc.

Organization EIN

04-2547633

Year Incorporated

1974

Organization Address

330 Southwest Cutoff, Suite 203
Worcester, Massachusetts, 01604

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]

Title

[REDACTED]

Preferred Pronouns

he/him/his

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 2: Central MA

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Youth

Families Veterans Older adults

Immigrant communities

Grandfamlilies - Families in which grandparents are the primary caregivers of their grandchildren.

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The Central Massachusetts Agency on Aging Inc. (CMAA) seeks to enhance the quality of life for area older persons and caregivers through Leadership, Resources, Coordination of Services and Advocacy.

2. Describe the services your organization provides or the activities it engages in?

Since 1974, The Central Massachusetts Agency on Aging Inc. (CMAA) has worked to ensure that the

needs of Older Adults and Caregivers in Central Massachusetts are met. We are a minority led non-profit 501(c)3 organization that supports programs such as Meals on Wheels, Caregiver Support, Legal Services, Home Repair, and initiatives which promote Social and Racial Equity and Justice. Our Service Area can be viewed here: <https://seniorconnection.org/about-us/service-area/>.

In 2023, CMAA launched our Grandparents Raising Grandkids Resource Center (GRGRC) <https://www.seniorconnection.org/grandparents-raising-grandkids-resource-center/>. The GRGRC is the first of its kind in the country and serves as a one-stop-shop that connects Grandfamilies (families in which grandparents are the primary caregivers for their children) with the services that they need to thrive. The GRGRC employs specially trained and certified Grandfamily Community Health Workers (GCHWs) who travel throughout the 61 Cities and Towns that compose our Planning and Service Area to find Grandfamilies where they live and congregate so that they can be connected to services and, in some cases, receive short-term financial support while they await being registered for services. About 73% of the Grandfamilies that we serve are from Black, Indigenous, and People of Color (BIPOC) Communities and roughly 57% of them reside in rural areas. Due these realities we prioritize making the provision of our services culturally competent and mobile in order to reach populations who lack access to reliable transportation. We also make referrals for culturally competent mental and behavioral health care and reunification services for Grandfamilies in which the biological parents are in recovery and can soon start parenting again.

The US Bureau of Justice Statistics estimates that 47% of people in state prisons and 57% in federal prisons were parents of minor children. They also estimate that Nearly 60% of parents in State prison reported using drugs in the month before their offense, and 25% reported a history of alcohol dependence. Approximately 40% of the Grandfamilies that we serve have a parent incarcerated which in total accounts for 50% of the grandchildren that we serve. In addition to this, Generations United has reported that, "The drug overdose death rate rose sharply between 2015 and 2016, particularly among people of childbearing age, with increases of 29% among 25-34 year-olds and 24% among 35-44 year-olds." We estimate that about 30% of the Grandchildren that we serve have lost a parent to an overdose.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our priority populations are Older Adults and Caregivers. Since coming under new leadership in 2019 our effectiveness at reaching BIPOC Older Adults and Grandfamilies has grown dramatically. In 2023 we established the first Grandparents Raising Grandkids Resource Center (GRGRC) in the country, and currently have over 350 Families registered many of whom are BIPOC. The US Census reports that, "with regard to race and Hispanic origin, American Indian/Alaskan Native, Hispanic, and Black Grandfamilies are disproportionately represented."

Grandfamilies families have been greatly impacted by the Opioid Epidemic. Generations United reports that more than 1/3 of all children placed in foster care because of parental alcohol or drug use are placed with relatives. The substance abuse disorder of the parents can increase the likelihood that the children will have similar problems in the future. The Center for Disease Central (CDC) has found that, "Perhaps the most clear and specific risk shown by children of alcohol abusing and dependent parents is for substance involvement in these youth... By young adulthood, 53% of these children evidence an alcohol or drug use disorder as compared to 25% of their peers."

Our GCHWs connect Grandfamilies with culturally appropriate clinicians as both the Grandparents and Grandchildren in Grandfamilies often contend with trauma as the vast majority of Grandfamilies have formed due to some negative event. In addition to being able to connect these families with culturally appropriate mental and behavioral health care to manage the well-being of the families in the present the GCHWs can also connect the youth with drug prevention programs and the Grandfamilies with services that work for the reunification of the families. Parents suffering from Substance Abuse Disorder can recover and parent. This is a process though and the families need all the support that they can get during it.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

In addition to employing bilingual staff and having access to translation and interpretation services we will be launching the Care Express on August 1st, 2024. The Care Express is a Mobile Outreach Clinic which will serve all 61 Cities and Towns in our Planning and Service Area. An issue that has impacted Health Equity is that potential consumers cannot access services either because they cannot physically reach them or because the providers lack cultural competency. With the Care Express we are able to bring culturally appropriate providers directly to the consumers in their communities. This bus will allow the Resource Center to provide a variety of services in close proximity to consumers' homes. These services include:

- Medical Screenings and Referrals
- Dental Screenings and Referrals
- Vision Screenings and Referrals
- Medication Management Trainings
- Eligibility Assessment and Assistance Registering for Services
- Legal Counseling
- Hair Cuts
- Information and Referral
- Food Assistance

In addition to this, our Grandfamilies Community Health Workers are recruited directly from the communities that they serve.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Over half of CMAA's staff is from Black, Indigenous, and People of Color (BIPOC) Communities including our President and CEO. Our Board of Directors and Advisory Council also has a similar degree of diversity. In addition to this, Focus Groups are held and Surveys conducted during our Needs Assessment which occur every four years and serves as the basis for our Area Plan which is the 4 Year Strategic Document that dictates the operation of the agency for that period of time. We always hold focus groups with a variety of communities including: Latino, African American, Chinese, Vietnamese, Arab, and LGBTQ+ populations so that we can ensure that they can articulate their needs with their own voices. Our next Needs Assessment starts in August. We have also hired a Spanish Speaking consultant to be part of the team working on this project.

6. What steps has your organization taken to create a more inclusive work environment?

We have HR Policies on both Inclusiveness and Diversity and Equal Opportunity and Affirmative Action:

Inclusiveness and Diversity - Central Massachusetts Agency on Aging embraces diversity and affirms its value in our workplace and in the varied communities we serve. CMAA is committed to fostering an inclusive environment where the individual differences among us, whether in terms of race, religion, color, age, gender, national origin, sexual orientation, physical challenge, or marital or family status, are understood respected and appreciated, recognized as a source of strength for the agency and our consumers, and valued as qualities that enrich the communities in which we work. Our Board and Staff recognize that simply pledging nondiscrimination is insufficient. We must make positive efforts to reach out to groups that have traditionally been underrepresented, and who can enrich and be enriched by the programs and services we offer.

Equal Opportunity and Affirmative Action - It is the policy of the Central Massachusetts Agency on Aging to provide equal employment opportunities to applicants and employees without regard to race, religion, color, creed, national origin, citizenship status, sex, sexual orientation, age, ancestry, physical or mental disability, medical condition, marital status, veteran status, gender (including gender identity, pregnancy, childbirth and related medical conditions), genetic characteristics and/or information, disabled veteran, or any other classification protected by applicable local, state or federal employment discrimination laws. This policy applies to all aspects of employment, including, but not limited to, hiring, job assignment, compensation, promotion, benefits, training, and termination. We are also committed to a vigorous policy

of Affirmative Action to assist all minorities, including women, older persons, veterans, and persons with physical/mental disabilities to ensure that all persons have equal opportunities in recruitment, selection, promotion, training and upward mobility programs designed to maximize skills and realize the potential of all employees.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Our top three goals for the next 5 years are:

1. Increase services to BIPOC Communities specifically, grandparents raising their grandchildren, by increasing reunification efforts with the grandchildren and the parents who are in recovery.
2. Increase Rural Outreach with the Care Express
3. Develop Housing for Grandfamilies

We will Increase services to BIPOC Communities by at least 10% as the 2020 Federal Decennial Census demonstrated that the population of Central Massachusetts has become both older and more diverse. Grandfamilies are a particularly underserved community who we are well-equipped to serve through our Grandparents Raising Grandkids Resource Center. In addition to the general services that we offer such as short-term financial assistance, physical and mental health care referrals, legal services we have been increasing our efforts for the reunification of the grandchildren with their parents once they are in recovery.

57% of the Grandfamilies that we serve reside in rural communities which have been hard hit by the Opioid Crisis hence the disproportionate number of Grandfamilies residing in them. A 2020 Report from the US Department of Justice noted that, "While rural law enforcement agencies are spread thin, the violent crime rate in rural areas is rising, climbing above the national average in 2018 for the first time in 10 years. Illicit drug use has also risen in rural areas, bringing its own associated crimes and of course, sparsely populated regions have always faced their own unique crime and disorder challenges. Our Mobile Outreach Clinic can help connect rural families with services that need but have had difficulty accessing do to being geographically distant from providers.

CMAA in partnership with Worcester Community Housing Resources Inc. (WCHR) will be developing 40 Units of Affordable, Accessible Housing for Grandfamilies in Worcester, MA. This partnership brings together an organization that has decades of experience building and managing the finances of subsidized housing projects with an organization that is rapidly becoming one of the country's premier service providers of Grandfamilies. Many of the families residing in this project will have been directly impacted by Opioids and having ready access to services will be crucial for their well-being.

As senior citizens have a higher rate of living in publicly assisted housing than non-seniors, it may be inferred that the proportion of grandchildren living with their grandparents are likely to also be living in subsidized housing as well. The difficulties of children living in designated senior housing can be easily understood. Senior units are generally small, designed for one or two residents, with limited living room areas and only one bedroom. Nearly all units have income restrictions as well as space limitations, and it can be inferred that a significant number of these grandchildren may not be officially registered with the private or public owners of such projects which increases the risk of eviction. Unless senior units are located in mixed, multigenerational projects, they do not generally have outdoor or indoor play areas providing recreation space for children of any age.

8. How will the funds help you achieve your goals?

Having additional funds to support the Care Express, our Mobile Outreach Clinic, means that we can provide more services in more underserved communities both through having more resources to stock and maintain the bus as well as pay salary and fringe of staff. The Care Express will also collect data which is crucial for optimizing the provision of services in Central Massachusetts. Having additional funds to reduce the harm caused by the opioid epidemic to reunify children with their parents who are in recovery that are currently being raised by their grandparents will also help to reduce further harm to the older adult and the child while giving the parent familial support to assist them in their recovery.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



CMAA Financial Statements (Most Re... .pdf

Organization's Operating Budget



CMAA FY2024 Budget.xlsx



Monday, June 10, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

For general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Centro de Ayuda y Esperanza Latina, Inc.

Organization EIN

86-2086795

Annual Operating Budget

199325

Year Incorporated

2021

Organization Address

60 Apache Ct
New Bedford, Massachusetts, 02740

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

Assistant Director

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 5: Southeast

Check the most relevant box along the continuum for your services or activities.

Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Our mission is to engage, educate, empower, and mobilize the Hispanic and Latino community for positive social change. This mission is achieved through the delivery of services that are needs-based, data-driven, and culturally and linguistically appropriate.

2. Describe the services your organization provides or the activities it engages in?

Our organization offers a variety of services, and is always growing its offerings as needs dictate and resources allow. In terms of behavioral health, we offer: -

-Emotional wellness support groups for women in Spanish and English (if this language is preferred).

-Trauma recovery coaching, as needed. This recovery coaching is led by individuals with lived experience in trauma recovery and serves as a bridge while members of the community are awaiting traditional treatment services. Unfortunately, many individuals are unable to access trauma and mental health treatment in a timely manner due to a number of factors, including lack of qualified trauma specialists, long waitlists, insurance type, language barriers, and fear or shame. This offering is not a long term solution, but is a bridge to care while identifying a treatment provider. This service is usually the result of referrals coming from faith and community leaders or emergency case management services.

-Behavioral Health Training and Fellowship Program. This program offers free behavioral health training in Spanish and English to members of the Hispanic and Latino community who would like to enter the field of behavioral health, in entry level positions either in prevention or recovery. Those that complete the trainings (approximately 6 sessions totaling 12 hours) have the opportunity to apply for a 6-month paid part-time fellowship position to gain work experience. Participants also can work with our staff to identify their specific barriers to employment and get support in reducing those barriers.

-Spanish-language Narcan training. We offer Spanish-language Narcan training and Narcan distribution to the community.

We also offer some services that do not fall under the scope of behavioral health, including:

-Emergency Case Management. We offer case management for individuals that are struggling to access support services through the traditional channels. Many times, members of the Hispanic and Latino community are unable to successfully access services because of the barriers they have, and although they follow the proper channels, they sometimes can "fall through the cracks." As a result, we offer case management services to help them access those services they need. Often we see people dealing with homelessness, food insecurity, lack of clothing, addiction, and inability to successfully enter the public schools system.

-English as a Second Language Classes. We also offer free ESL classes for individuals who have not been able to access classes in some of the larger organizations, including BCC, UMASS Dartmouth, and the Immigrants Assistance Center. These classes are for the purpose of increasing the likelihood of gainful employment for the immigrant community.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our main demographic that we serve is the Hispanic and Latino community, which includes both immigrant and nonimmigrant members of the community, limited English speakers and fluent English speakers, Afro-Latinos, families, and youth. Many of our clients we serve also have lived experience with trauma, mental health, and substance misuse, are experiencing homelessness, or are at a risk of homelessness. This population officially makes up about one-quarter of New Bedford's residents, with many coming from countries like Puerto Rico, Dominican Republic, Guatemala, Honduras, El Salvador, Venezuela, and Colombia. This growing population makes up close to half of the school-aged youth in New Bedford, making it extremely important that we have services and organizations to support this community.

There are organizations that serve the needs of this community, but they are few, and they are often overextending in areas that are not their areas of expertise, like behavioral health. Many of these organizations do not have the capacity to serve this large of a population, and as a result, many individuals are turned away. There is a tendency in New Bedford for Puerto Rican and Dominican residents to be turned away, specifically. These groups make up 60% of our Hispanic and Latino population. These groups also make up the majority of our clientele.

Behavioral health stigma continues to be a significant concern in this population. Trust is a significant factor in reducing stigma. For members of the community to open up about their struggles, there need to be more organizations, like Centro de Ayuda y Esperanza Latina, specializing in behavioral health that the community trusts. Unfortunately, often organizations like ours do not receive adequate resources to expand the work in ways that truly benefit the communities we serve. Prioritizing the needs of the entire population is key to reducing negative outcomes.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Our organization ensures its programs and services are accessible and equitable in a variety of ways. First, our organization offers all of its programs in both Spanish and English. Often we hear complaints about language capacity across the city. Specifically we often hear that the "Spanish" interpreters use is not understandable by the Spanish-speaking populations living in New Bedford. Our staff are all fluent Spanish speakers from the Caribbean region of Latin America, allowing us to communicate more clearly with the population we serve. We also have access to Haitian Kreyol interpreters for those individuals coming from Haiti or for Haitians coming from the Dominican Republic. We also work very closely with organizations, like Mujeres Victoriosas, who have native language capacity for those coming from Central America speaking indigenous languages.

Our staff and board are all members of the greater New Bedford Hispanic and Latino community, coming from Puerto Rico, Dominican Republic, and Mexico. Since we all live and work in New Bedford, the impacts of our programs are felt by our families, friends, and colleagues. Our staff live in areas of the city where there are higher levels of Hispanic and Latino residents. They are also well-trusted members of the community. We often engage our community to determine the needs of the community and ensure we are meeting those needs. We bring this information to other organizations to try to build partnerships to ensure that the community has access not only to our programs, but to other needed programs and services.

To increase accessibility, we partner with organizations and institutions that have high levels of trust in the Hispanic and Latino community. Given the size of this population, it is impossible to reach all corners of the city. However, we do partner with the more than sixty Hispanic and Latino churches in New Bedford to better reach the community. We also partner with community-serving agencies and coalitions to ensure that providers are aware of our services so they can refer clients when needed.

Finally, our location helps us to ensure accessibility. We are located right next to one of the most popular Hispanic restaurants in the city. Our signage is in the language of the people we serve. We utilize social media and a website to reach the community and provide information about our programs and events.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Our organization prioritizes community voices in a variety of ways. We hold between four and six Hispanic Community Forums each year. These forums are a place where community members can come and share the needs they are having that they are struggling to address within their current capacity or through the traditional systems. Typically, we work as a community to identify solutions to those needs, many times involving other community leaders or organizations. These forums are important because it allows the community to share the solutions they feel would be most beneficial, ultimately informing our service delivery.

We also conduct program evaluations for all of our programs and services. These evaluations not only look at the quantifiable measures and outcomes related to a program, but they also collect qualitative data from program participants. The information collected is typically related to participant satisfaction and suggestions for improvement.

Finally, we regularly conduct surveys and focus groups among the population we serve. This data allows us to understand the priorities of the community and determine how needs are changing over time. This information helps us to prioritize our programs based on the needs of the community.

6. What steps has your organization taken to create a more inclusive work environment?

Our organization is currently assessing policies to identify areas for improvement to create a more inclusive work environment. Part of this assessment is identifying ways we can diversify our hiring. Given our scope of work and the community we serve, there are certain requirements, like language and cultural knowledge, that are more likely to be present in certain populations over others. However, we are also considering policies around lived experience in lieu of education given that many community members may not have the levels of education desired by other agencies while still having the knowledge and potential to be excellent staff members. Our staff also regularly participates in DEI trainings. We also regularly ask our staff and contractors for their feedback on how we can improve in terms of management and workplace culture.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Over the next three years, we have several programmatic goals we would like to accomplish. However, the following are our top three goals:

1. Hispanic/Latino Family Substance Misuse Prevention Program

Hispanic and Latino residents are disproportionately impacted by substance misuse in New Bedford. However, there is little education on this topic available in Spanish, and almost no engagement of families in this area. Utilizing the Familia Adelante curriculum, an evidence-based family substance misuse and HIV prevention program, both parents and children access free psychoeducation that has shown to improve substance misuse and sexual risk taking behaviors, risk of suicidality and mental health symptoms, educational success, family communication, and behavioral outcomes.

2. New Bedford Youth Mental Health Navigators Program

Hispanic and Latino youth often serve as one of the first individuals to receive health-related information and translate it to their family members. However, these youth are often lacking the information and skills necessary to understand complex mental health-related information. With proper training and capacity building, youth have the potential to educate themselves and their family members about mental health, recognize the signs of a problem, help break down stigma in the Hispanic and Latino community, and help bridge the gap between mental health providers and their family members.

3. Culturally and Linguistically Appropriate Community-Based Crisis Response Initiative

Within the Hispanic and Latino communities, there are many events that occur that require culturally and linguistically appropriate crisis response, but there are limited resources available to develop and deliver these services by teams who are representative of the community they serve. Issues like community violence, domestic violence, overdose death, fires, and fatal accidents can all require community-based crisis intervention. Utilizing Psychological First Aid as an intervention model, we can build a community crisis response team to assess cases following an event, provide psychoeducation on trauma and stress responses, and assure a warm handoff to services. This program will help to reduce the likelihood of maladaptive coping, like substance misuse, following a traumatic event.

By focusing on all three aspects of behavioral health, trauma, mental health, and substance misuse, we have the potential to greatly impact the Hispanic and Latino community in ways that have not been done before. All three of these issues are leading to increases in mental health issues, suicidality, addiction, and overdoses within the community, not only impacting adults but also the children living in these environments. By intervening on these issues, we are setting up future generations for success and putting an emphasis on health and healing rather than on trauma and dysfunction.

8. How will the funds help you achieve your goals?

These funds would help us achieve our goals by allowing us to hire an individual to plan, implement, and evaluate these programs. Since we currently have staff trained on the different models we plan to use, they would be able to support the staff person in the implementation of these programs. However, without a dedicated individual to develop these programs, it is very unlikely that we would be able to design, implement, and evaluate these programs to the level that is necessary to positively impact our community.

The person we have identified for this role has worked in behavioral health prevention for close to ten years, including experience in the development and implementation of innovative culturally-appropriate programming in New Bedford, the delivery of behavioral health training and technical assistance across the US and Puerto Rico, the development and implementation of community-initiated care models in the Dominican Republic, and evaluation of behavioral health programs in diverse communities.

As part of this funding opportunity, an advisory committee made up of community members would also be created to inform the direction of these programs. Our expectation is that through this collaborative, community-driven approach, we will be able to secure resources to continue and expand this work beyond the life of this funding.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 990_CentrodeAyudayEsperanzaL.pdf

Organization's Operating Budget

 CAEL-Operating Budget-2024.xlsx - N... .pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

CHOiCE Recovery Coaching Inc

Organization EIN

82-3846948

Annual Operating Budget

332,000

Year Incorporated

2018

Organization Address

155 Maple St, Suite 403
Springfield, Massachusetts, 01105

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]

Title

[REDACTED]

Preferred Pronouns

she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 1: Western MA

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

the peer workforce inhabiting the addiction/recovery systems

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

CHOICE Recovery Coaching's mission is to encourage, guide and assist individuals and their families as they face substance use challenges, thereby developing a culture of recovery with equity and justice, which allows them to foster resilience for themselves and their communities.

2. Describe the services your organization provides or the activities it engages in?

The pillars of CRC are Recovery Coach training, peer recovery integration and peer recovery workforce supervision. We support the implementation of peer recovery services within a multitude of systems.

These systems include a variety of organizations such as the Mass League of Community Health Centers, Federally Certified Community Behavioral Health Centers Community Health Link and Service Net, Recovery Centers such as Lowell Recovery Cafe and The Recover Project, The Hampden County Sheriff's Dept, Westfield State University, MassHire Holyoke and Worcester, The Public Health Institute of Western Mass, The Institute for Health and Recovery, Access to Recovery, MA, The Massachusetts Rehabilitation Commission, Plymouth County Outreach and the Winthrop Dept of Public Health.

This involves assessing program needs , developing an implementation plan for peers, policy and procedures, providing appropriate supervision and supporting a culture of recovery in environments where that may not be the principle paradigm.

We have over 30 curricula, all recognized by the MBSACC state certification board, that directly support the workforce. We provide these trainings quarterly, making them available to the general peer workforce and communities across the commonwealth.

CRC provides direct services to individuals via the Department of Public Health funded Access to Recovery (ATR) Program, the only Recovery Coach provider in Hampden County under this State Program. CRC also provides recovery coaching services to a number of families across the Commonwealth at no cost to them via our apprenticeship program.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

CRC's priority population is the peer workforce inhabiting the addiction/ recovery systems. This workforce is greatly underserved and often comprised of individuals who have been out of the workforce for a long time, exhibit inconsistencies in work experience, are coming out of incarceration, have language barriers, struggle with technology gaps and experience challenges due to culture and ethnicity. The systems hiring these individuals are largely not recovery-oriented and have challenges in providing appropriate supports for this paradigm which has newly developed in the last ten years here in Massachusetts. The majority of peer supervision is done by individuals in non-peer roles as there isn't a career ladder in place for peer roles as of yet. Despite its importance, supervision is hardly funded.

In terms of direct services, we get a wide array of individuals from young people involved with Dept of Youth Services that want to to engage with support prior to leaving the program, to immigrant families who want to support their loved ones but don't have knowledge regarding recovery, to veterans who are seeking support outside of their current VA services to new mothers who have DCF involvement due to their recovery pathway being one involving addiction medication. Another greatly underserved population that we support are families in the hill towns in Western MA where transportation is limited and there are greater inequities around social determinants of health as well as services.

In 2023, Choice Recovery Coaching Trained 803 individuals in Peer/Recovery Coach Certification, Re Certification or community education around addiction and recovery, impacting more than 68,085 people seeking recovery.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

CRC proudly exemplifies a strong commitment to diversity, equity, and inclusion across all levels of its operations. Our leadership and extended teams reflect the diverse communities we serve. Specifically, 50% of our 6-member leadership and 40% of our 30-member team identify as Black, Indigenous, or People of Color (BIPOC).

Our team composition spans various identities including Black, Latino, LGBTQ+, Deaf and Hard of Hearing, Portuguese, and Caucasian individuals coming from a vast array of lived and living experience such as being formerly incarcerated, having a mental health diagnosis, people who identify as Muslim, multi lingual and whom identify as women. This ensures a wide range of perspectives that enrich our organizational approach and effectiveness.

Our Director of DEI spearheads the continual development and evaluation of our DEI strategies, focusing on optimizing outreach, programming, marketing, and implementation processes. This role is crucial in ensuring that our services and internal practices uphold the highest standards of ethics and equity, benefiting both the communities we support and our organizational culture. CRC's deliberate focus on DEI not only aligns with our mission but actively enhances our ability to address and adapt to the multifaceted challenges faced by diverse populations. Through strategic leadership and a commitment to inclusive practices, we maintain an environment where diversity is valued, equity is sought, and inclusion is practiced.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

CRC ensures the voices of people we serve are honored through three regular processes: post-service evaluations, follow-up phone calls and a formal grievance process.

Our team produces reports of all trainings provided, identifying all of the highlights as well as potential challenges encountered by the group. The participants then complete evaluations based on their experience with our training and services. We take their contributions seriously as we continue refining our curricula and practices.

One of our practices is that supervisors call program participants and ask two questions: 1. What is your experience working with your coach/ supervisor/ facilitator? and 2. What could we do differently in order to improve upon your experience?

Our grievance process is one that is taken seriously and is addressed directly by the Executive Director. If it happens to be of any greater magnitude, the Board of Directors becomes involved to support the matter. All grievances are reported to the board of directors.

In addition to these formal processes, our team hears from the workforce informally on a daily basis. These ongoing conversations shape the refining of current program offerings as well as the development of new ones.

Finally, our Executive Director stays abreast of the current landscape in our field by reviewing current studies, data, reading relevant blogs, peer reviewed articles and attending/ presenting at both state and national conferences relevant to the work.

6. What steps has your organization taken to create a more inclusive work environment?

We prioritize having a diverse team in order to have the breadth of perspectives needed to support people seeking recovery and wellness across the commonwealth. Coming from all corners of the state, our entire team gathers twice a year in a central location to celebrate our work together creating greater team unity.

However, having a diverse workforce is not enough. We consider our organization a learning organization where we are consistently seeking to grow both individually and collectively. Our team participates in regular Diversity, Equity and Inclusion training and attends conference workshops on DEI. For example, after participating in an equity dinner at the National Recovery Leadership Summit, CRC's Executive Director decided to meet quarterly with the entire team in order to have discussions around Diversity, Equity and Inclusion beginning this next quarter.

In addition, we encourage our team to seek educational opportunities to learn and grow both personally as well as professionally and support them financially in doing so.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

-Expand Community and Workforce Engagement

CRC has been providing services in the workforce and community for over 6 years, but we regularly

receive feedback that community members who could benefit are unaware of our services. We hear of larger treatment organizations having long waiting lists for recovery coach services as well as people who have Dept of Children and Family and/or Criminal Justice involvement speaking of not participating in services unless they are mandated to do so. Statistics show that the majority of people leaving treatment settings are not engaged with any support services after 30 days.

Furthermore, regarding the workforce, we hear of many people not finding training to complete their recertification due to the limited availability of trainings from state organizations.

-Expand Supervision and Workforce Development Services.

Organizations who are seeking to implement peer services need more peer specific supervisory support. The majority of the peer workforce reports having inadequate supervision due to lack of funding. In addition, non-recovery focused organizations as well as non-peer roles openly admit not fully understanding the role of the peer.

Supervision is the cornerstone of the field; having a channel to foster greater learning and reinforce their skillsets will greater empower the workforce.

Develop and implement data collection tools.

It is crucial that we are able to report on the outcomes of our work to the individuals, communities and organizations we serve. Demonstrating this will greater facilitate future funding.

-Become established as a provider of direct Recovery Coaching Services.

The team at CRC has been supporting the workforce for a long time now as a training organization building capacity for other organizations, but not so much as a direct service provider due to our inability to bill third party. We see a significant gap in coaching services for people outside of traditional behavioral health settings such as people with DCF and criminal justice involvement as mentioned above, people in the workplace who may not want to tell their employer of their challenges as well as the many who are untrusting of the behavioral health systems. We are planning to expand our direct recovery coaching services via sub contract with Primary Care Providers. This will provide great support to many individuals outside of the traditional behavioral health services/treatment as well as those who may not want to participate in them due to previous experiences.

-Expand organizational capacity and Hire a Business Manager.

As our services expand, we will need additional infrastructure to support statewide Facilitator, Recovery Coach and Supervisory teams. We are envisioning a Business Manager who would encompass a mixed role of Chief Operating Officer/ Financial Officer working alongside us to maintain the administrative side of the organization. Currently, our team of facilitators, developers, supervisors and coaches are supported by an Executive Director, an Executive Assistant and an Outreach/Supervisor/Systems coordinator. Having a Business manager to bolster our staff will enable the ED to spend more time in the field meeting with Organizations and Communities seeking services while championing recovery.

8. How will the funds help you achieve your goals?

The first year of funding will enable CRC to hire 2 part time outreach coordinators (1 FTE combined) in order to expand community and workforce engagement. This would facilitate our contracting with other organizations as well as increase the enrollment in our educational programing. One of these roles would also focus on outreach to primary care in order to sub-contract and provide billable recovery coaching services via third party insurance.

Marketing is another area that we will uplift as the presentation of materials and created content is crucial for our services. This would include bolstering our website, social media, written and audio/visual content, increasing opportunities for presentations to organizations and communities across the commonwealth seeking recovery support for their communities.

Funding will also support the development of our database and evaluation processes so that our program

efficacy can be demonstrated to future funders.

In year 2,additional revenue will support the outreach coordinators as we will be using the funding to hire a business manager. This role will refine our systems to support the workflow as we expand our services. This will enable us to create sustainability for our larger organization. In addition, team and capacity building programming would be implemented to reinforce our growing team.

In the third year, the funds will support the creation of additional curricula to support the peer recovery workforce as well as publications to reduce stigma and promote recovery statewide. Fine tuning our web presence and systems, adding an electronic health records system as well as hiring a p/t billing person will be necessary in order to support these vital services.

We anticipate that our organization will be independently sustainable by the end of this year as a provider of foundational workforce development and peer recovery services, championing recovery for all.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



CHOICE Financial Review 2023.pdf

Organization's Operating Budget



Choice Recovery Coaching 2024 oPer... .pdf



Tuesday, June 11, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

City of Malden/Health Department

Organization EIN

04-6001398

Annual Operating Budget

\$865,302

Year Incorporated

2021

Organization Address

215 Pleasant Street, Rm 310
Malden, Massachusetts, 02148

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 3: Northeast

Check the most relevant box along the continuum for your services or activities.

Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

Youth

Families

Veterans

Older adults

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Malden has a Substance Use Disorder Services program, as part of our "Malden Cares" initiative. Its mission is to establish a community where individuals have access to comprehensive, evidence-based treatment and support services, where stigma is replaced with understanding, and where prevention efforts empower our youth to make healthy choices.

2. Describe the services your organization provides or the activities it engages in?

The Substance Use Disorder Services program provides residents with access to an Addiction Recovery Resource Specialist. This specialist helps residents navigate the treatment system, promotes recovery, helps to remove barriers from resource access, and connects people with recovery support services.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The City of Malden's Substance Use Disorder Services program, under the "Malden Cares" initiative, prioritizes serving a specific population segment facing compounded challenges. This group is characterized by two key factors, Limited English Proficiency and diverse racial and ethnic backgrounds.

Malden's LEP population is significantly higher than the state average, with 25% speaking English "less than very well" compared to 9.1% statewide. This language barrier creates significant hurdles in accessing vital resources and services related to substance use disorder (SUD).

While Malden's overall population is nearly split between White and BIPOC residents (48%), the SU serves a broader range, including Hispanic, Asian, and Middle Eastern ethnicities. These diverse communities often face cultural and systemic barriers that hinder access to culturally competent SUD treatment.

LEP individuals with SUD struggle to navigate the complex healthcare system, leaving them more susceptible to treatment delays and inadequate care. Additionally, cultural stigma surrounding SUD might be compounded by language barriers, further isolating individuals from seeking help.

Malden Cares recognizes these challenges and tailors its program to address them. We strive to provide culturally competent services, language access services and community outreach. Despite serving a population with substantial access barriers, Malden Cares has successfully placed 63 individuals into treatment in 2023. Notably, 28% of these individuals remain sober and engaged with our recovery coaches. These outcomes demonstrate the program's effectiveness but also highlight the need for continued support.

By securing this grant, Malden Cares will expand capacity to serve this underserved population, ensuring all residents, regardless of language or background, have access to the resources they need to overcome SUD and build a healthier life.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

The City of Malden is committed to supporting all the diverse populations in Malden such as culture, race, ethnicity, disability, religion and spiritual beliefs, gender/non-conforming, and sexual orientation/sexual identity. For Diversity to be successful, we believe that as a community, we need to facilitate an inclusive and equitable community. Our goal is to empower all members of Malden to work with the city government to remove all barriers caused by inequalities and social injustice. The City recently hired a Diversity, Equity, and Inclusion Coordinator who will assist with services such as language access, engaging in Anti-Racism work with community providers, providing cultural competency programs throughout the city's departments, coordinating events honoring our diverse populations, and ensuring representation in city government.

The City of Malden is committed to empowering all the voices in our community to promote equity and compassion for all.

In addition to hiring a DEI Coordinator, the City also has a Language Access Specialist and a language access phone line. We want to ensure that City programs and communications are accessible to all residents regardless of spoken language.

Rooted in these City-wide values and policies, the Substance Use Disorder Services program also follows DEI principles and strives to be accessible and welcoming to all. This means offering services in multiple languages, having staff trained in cultural competency, and ensuring treatment approaches consider diverse backgrounds and experiences. We also provide services in various locations and at flexible hours. We include evening and weekend hours, as well as transportation assistance to overcome mobility barriers.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Our Substance Use Disorder program ensures the voices of those we serve are represented by incorporating client feedback mechanisms. Through these avenues, clients can directly share their experiences, needs, and preferences, helping shape our program.

6. What steps has your organization taken to create a more inclusive work environment?

The City of Malden is currently working with our DEI Coordinator and a racial equity audit team to develop a 1 to 3 year strategic plan for Diversity, Equity, and Inclusion.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Here are our top four objectives for the next three years:

Expanding Access to Treatment and Support: We will partner with local healthcare providers, such as Melrose Wakefield Healthcare, Tufts Health Care to increase access to medication-assisted treatment (MAT), counseling, peer support groups, and other evidence-based interventions. We will build upon the outreach efforts of Malden Cares by providing additional resources and support services at both Malden Center and the Malden Warming Center, ensuring that individuals have access to the help they need, regardless of their circumstances.

Strengthening Prevention Efforts: We will implement evidence-based prevention programs in our schools, such as Malden High School and Malden Catholic as well as community centers like the Malden YMCA and the Malden Senior Center/Teen Center. These programs will educate our youth about the risks of opioid misuse, promote healthy coping mechanisms, and teach them how to recognize and respond to signs of overdose. We will leverage the existing network and relationships established by Malden Cares to ensure that these prevention programs are accessible and effective.

Harm Reduction Strategies: We will expand upon the harm reduction strategies implemented by Malden Cares, such as naloxone distribution and Fentanyl test strips to reduce the risk of overdose deaths and the spread of infectious diseases. We will partner with the Malden Fire Department and Malden Police Department to ensure widespread availability of naloxone and provide training on its use. We will also work to connect individuals with substance use disorders to treatment and support services through partnerships with local organizations like the Bridge Recovery Center, utilizing the relationships and trust established by Malden Cares.

Community Engagement and Education: We will launch a public awareness campaign to educate our community about the opioid crisis, reduce stigma, and promote the importance of prevention, treatment, and harm reduction. We will build upon the outreach and education efforts of Malden Cares by utilizing various channels, including local media outlets like the Malden Observer and Malden Patch, social media platforms, and community events to reach a wide audience. We will also create opportunities for community members to share their experiences, connect with resources, and advocate for change through town hall meetings, support groups, and educational workshops, fostering a sense of shared responsibility and empowerment.

8. How will the funds help you achieve your goals?

Should we be awarded this grant, we would use the funds to do the following:

Hire and train additional staff: We will expand our team of dedicated professionals, including outreach workers, peer support specialists, and prevention educators.

Enhance our infrastructure: We will invest in technology and data collection systems to track our progress, evaluate our impact, and identify areas for improvement.

Build strong partnerships: We will strengthen our collaborations with local healthcare providers, community organizations, law enforcement, and other stakeholders, leveraging the relationships already established by Malden Cares.

Develop sustainable funding sources: We will explore diverse funding streams, such as government grants, private donations, and corporate sponsorships, to ensure the long-term sustainability of our initiative, ensuring that the progress made by Malden Cares continues and expands.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Malden Financials 23.pdf

Organization's Operating Budget



2025_dbb_city_of_malden_17181283... .pdf



Friday, June 7, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Commonwealth Land Trust

Organization EIN

22-2753637

Annual Operating Budget

12,000,000

Year Incorporated

1985

Organization Address

1059 Tremont Street, Suite 2
Roxbury Crossing, Massachusetts, 02120

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

Director of Special Initiatives

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities.

Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The mission of Commonwealth Land Trust, Inc. (CLT) is to provide affordable housing and supportive services to the most vulnerable individuals and families in Massachusetts in order to prevent homelessness, rebuild lives, and preserve neighborhoods.

2. Describe the services your organization provides or the activities it engages in?

CLT's mission is directly tied to safe and stable housing, including harm reduction interventions and a housing first approach to interrupt housing instability and contribute to making homelessness rare, brief, and non-recurring. Our innovative model, combining supportive services and property management under one roof, keeps residents off the streets and saves lives.

As soon as clients complete an application for housing, they are connected with our clinical team, which includes an assigned case manager as well as access to mental health, addiction, and harm reduction specialists. Clinical staff engage clients in risk and safety assessments and then work with them to set individualized goals, including goals related towards their substance use or other activities. The clinical team works with clients to develop strategies to lessen the harm associated with their choices, including providing education about substances; sharing strategies to reduce the risk of overdose; and providing safer use materials, NARCAN, and safer sex supplies. While helping clients make plans and take action to

increase their safety, staff also accept and meet them as they are.

CLT's Harm Reduction Program aims to reduce negative consequences associated with drug use and sexual contact, including sex work. The Program focuses on community education, including overdose response and Naloxone trainings, throughout all properties and services, which aligns with the National Harm Reduction Coalition's dedication to quality of individual and community life and well-being, rather than cessation of all drug use, as the criteria for successful interventions. Without this harm reduction model, 60% of CLT's residents would be houseless. Everyone should have a place to live, and housing stability is often key to reducing dependency. At CLT, sobriety is not a requirement for housing, nor is relapse a cause for eviction.

CLT's Medical Case Managers work with clients through all stages of recovery, accepting that relapse is often a part of the process. CLT's client population is frequently out-of-care. Reaching clients early and connecting them with services can lead to earlier diagnosis and treatment, increased harm reduction, and referrals to permanent housing opportunities with ongoing case management. Since the case managers are available on-site, where the client lives, there is ample opportunity to build rapport. Case managers are often present and available to intervene if a resident is experiencing a crisis. This presence is vital to keeping our client populations stably housed, addressing barriers, and creating opportunities. CLT's model works because we apply the skills, expertise, training, linkages, and staffing to keep intakes engaged and residents housed over the long term.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

CLT's mission is directly tied to safe and stable housing for Black and Latinx Boston residents. We primarily assist individuals from low-income, underserved, at-risk populations that historically have been marginalized and excluded from having access to appropriate and affordable housing. The majority of the people we support live and work in Greater Boston. The racial breakdown of CLT's supportive housing residents is approximately 41% Caucasian, 29% Hispanic, 28% Black or African American, 1% Asian, and 1% Other. The average age of the residents is 52 years old. CLT prioritizes providing housing for those most in need.

CLT has always prioritized working with Massachusetts' hardest-to-reach residents, and many of our clients have been unsuccessful in less-supportive environments. Most of our grant funding requires us to work with "chronically" homeless individuals, which typically means someone who has been unhoused for a year or more and has a disability. Of the individuals currently residing in CLT's supportive housing, about 88% were living in shelters or on the streets prior to moving into a unit; and about 63% met the HUD definition for "chronic homelessness" at the time of admission. Within this population, CLT tends to work with individuals who have some combination of physical disabilities, mental health challenges, active substance use, HIV/AIDS, and other challenges. We also receive funding to prioritize unhoused neighbors within this population, such as people living with HIV/AIDS, women experiencing sexual exploitation, and new immigrants.

During the intake stage, CLT staff often work with applicants who have fallen out with other providers and require additional supports to become permanently housed. Applicants may be banned from or unwilling to go to shelters due to past experiences, unconnected to the respective cities' support organizations and structures, or simply require more effort to house than other agencies may have capacity to accommodate.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

CLT's work begins with our clients— a population that includes a disproportionately large number of vulnerable or marginalized identities, as described above. To deliver culturally competent and linguistically appropriate services, our staff are equally diverse. Many staff are bilingual/ bicultural. Over a quarter of CLT staff are fluent in Spanish, the most common second language among those we serve. CLT has 14 bilingual direct services staff and a significant number of our staff also have lived experience of homelessness and/or substance use. We believe in nurturing talent from within our ranks and coach staff

to take on more senior roles in the future.

Diversity, equity, inclusion, belonging, and justice are central to CLT's work and organizational approach. Institutional and structural racism play a critical role in determining who is at risk for homelessness, what risk factors are exacerbated, how long someone might stay on the streets, available supports they may have, additional burdens they may take on, substance use history, relationship to mental health supports, and so many other steps along the way.

With this in mind, CLT centers racial equity and focuses its work on unhoused individuals who are among the most difficult to place in long term, permanent housing. This work is not limited to the chronically homeless, substance users, or people with serious mental disabilities; it also includes targeted outreach and supports for historically underserved and/or marginalized populations experiencing homelessness. Related to our work with clients, CLT completes a "Culturally and Linguistically Appropriate Services Self-Assessment Tool" (CLAS) annually through the Massachusetts Department of Public Health (DPH) as part of our ongoing evaluation of services and commitment to exceed applicable standards. CLT completes a CLAS with DPH to identify DEIBJ challenges and goals and develop a work plan with concrete tasks to achieve or address them. The CLAS self-assessment covers topics including people with vision or hearing impairments, signage visibility, sign language interpretation services, disability access notices, and other key factors to reach underserved populations in a culturally- and linguistically-appropriate manner. Each year, we have exceeded our goals.

CLT also engages in steps to ensure meaningful access to non-English speakers or those with Limited English Proficiency (LEP). CLT staff use a HUD-provided "I Speak" form to determine the applicants' preferred language and will make additional effort to ensure that applicants with limited English proficiency fully understand their interactions with staff and can make educated decisions. In addition, CLT staff use the City of Boston's language interpretation multilingual document cover sheet with important correspondence.

In order to assist in optimum communication with applicants, residents, and members of the public who have vision or hearing impairments, CLT provides MassRelay, the statewide toll-free TDD number. This number is included in marketing materials and communications. Upon request, CLT will provide sign language interpreters for deaf and hard-of-hearing people at open houses, intakes, and other face-to-face events. For the visually impaired, CLT will arrange read-alouds of CLT document. We assist all people with disabilities in the reasonable accommodation process as needed.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

CLT encourages clients to engage in activities that are productive and help them build self-esteem, a sense of purpose, and community connections. To engage the broader community, Medical Case Managers work alongside clients toward their attainable goals, often on a daily basis. For residents who are open to participation, CLT provides opportunities for organizational planning and decision-making through 1) Needs Assessment Surveys, 2) Resident Advisory Boards, and 3) one-on-one meetings with property management and clinical staff.

CLT recently conducted a Needs Assessment Survey of our family housing to determine what future programming and supports might look like. A survey of our residents in Lawrence was completed last year. These surveys find gaps in CLT's service delivery that our resident communities determine themselves that are often filled through future grant allocations.

Residents are also encouraged to participate in Resident Advisory Board (RAB) meetings for their building. RAB meetings are an opportunity for multiple residents to meet together, discuss concerns and policy with staff, and plan for future events. RAB concerns are discussed with the Director of Clinical Programs, who then raises important issues with the rest of the senior team.

In addition, all of CLT's residents are encouraged to provide feedback and suggestions through one-on-one meetings with property management and clinical staff, where they might feel more comfortable being honest about property management, maintenance, or other issues. These comments are discussed with the Director of Clinical Programs, who then raises important issues with the rest of the senior team.

CLT also takes multiple steps to ensure meaningful access to all of our services for non-English speakers and those with Limited English Proficiency.

6. What steps has your organization taken to create a more inclusive work environment?

In all its work, CLT seeks to hire individuals with lived experience of homelessness, community

connections, conviction history, and other “soft” factors that both improve service delivery and account for racial equity. We recruit and prioritize hiring candidates who speak multiple languages. We offer competitive salaries and benefits and provide our case managers and counselors with opportunities for licensure supervision and Continuing Education Units (CEUs).

CLT provides regular training in cultural competency, racial equity, and other targeted supports to equip staff with the skills to deliver culturally competent and linguistically appropriate services. For example, CLT recently partnered with professors and experts from Health Resources in Action and from the University of Massachusetts School of Public Health and Health Sciences to deliver multiple all-staff trainings. Topics included social determinants of health, racial equity in healthcare, working with clients with substance use disorder, self-care for helping professionals, and advanced topics for providers working with people with disabilities. CLT’s office culture explicitly lifts up differing opinions and values lived experience with the deference it deserves.

In keeping with these DEIBJ core principles, CLT has also diversified our supplier pool. On the property management and development side, our architectural partner, DREAM Collaborative, as well as our primary partner for capital projects, Lion Exteriors, are both Minority Business Enterprises (MBEs). We also partner with several Women Business Enterprises (WBEs) for consulting, training, and operations.

III. The goal of this funding is to help you build your organization’s capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Harm reduction figures prominently in CLT’s development of our strategic plan for the next 3-5 years.

Our most ambitious goal is to scale our model. We currently have about 80 units in predevelopment and anticipate that we will add more CLT-owned units and scattered site units in the next 3 years. The more permanent affordable housing we add, the more supportive services need to scale to meet the need. While we incorporate harm reduction principles into all of our work, both with our clinical services and property management, our direct services team devoted to harm reduction has just gotten off the ground in the past 2 years. About 180 residents are in active substance use or recovery at our properties, representing about 60% of our total client base. To better meet the needs of these clients, over the past 2 years, we’ve hired a Harm Reduction Specialist, two certified Mental Health Counselors, and a four-person Safety and Support Specialist team.

CLT’s current Harm Reduction Program has been a recent and life-saving success. For example, our Harm Reduction Specialist started meeting with one of our residents for wound care related to intravenous drug use. After establishing rapport and continuing to work with the client, the Specialist connected them with methadone and group therapy. To date, the client makes use of both regularly. For clients like this, they could easily have died or been evicted from other programs during this time.

This and other success stories are why expanding harm reduction services is another critical goal for CLT. It is fundamental to our mission and our work cannot be done effectively without it.

A third goal is more generally related to our clinical supports. We are focusing on innovative staff roles to meet client needs we’re seeing on the ground, such as addressing barriers related to conviction history; navigating housing for clients who are unable to be housed with CLT; and working with guests of clients who have fallen out of services. We intend to continue our innovation with funding for a hoarding specialist, a Quality of Life coordinator, more mental health supports, and other positions yet to be filled that will enhance our clients’ experience in our programs and lead to better outcomes.

8. How will the funds help you achieve your goals?

This proposal represents an exciting opportunity to expand services that have already saved lives.

CLT’s proposal will add a 1.0 FTE “Harm Reduction Coordinator” to expand our harm reduction supports to additional inpatient clients in community. CLT will start by capitalizing on our existing cross-sector partnerships with Arbour Hospital, Barbara McGinnis House, The Dimmock Center, LARC/Victory Programs, Riverside Community Care, Eliot Community Human Services, Lowell Transition Living Center, and Lawrence CTC; as well as other hospitals, clinics, and inpatient programs. The Coordinator will meet with incoming clients, including individuals released from inpatient treatment, and link them to harm

reduction supports. The risk of overdose is greater when clients transition into housing, and the Harm Reduction Coordinator will be there to monitor the situation and connect the client with resources through all stages of the move. Moreover, the Coordinator will focus on bridging gaps to current clinical services to new organizations and inpatient treatment centers. Once a caseload is established, the Coordinator will continue to work with the same clients on harm reduction strategies while taking some intakes from these new, inpatient sources. When clients who use substances are hospitalized or enter inpatient treatment, they will be added to the Coordinator’s caseload and provided specialized supports.

This proposal also includes a small allocation for harm reduction supplies such as first aid (e.g. treatments for wound care), smoking kits, and other items; as well as supervision time to ensure the role is onboarded and integrated into our existing program as efficiently and effectively as possible.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



UFR Report 2022 - Final.pdf

Organization's Operating Budget



FY24 CLT Budget 2.7.24.pdf



Wednesday, June 12, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Community Caring Clinic

Organization EIN

82-2051598

Year Incorporated

2017

Organization Address

55 warren street
Boston, Massachusetts, 02119

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

communitycaringclinic@gmail.com

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]

Title

[REDACTED]

Preferred Pronouns

he/him/his

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 6: Boston area

Check the most relevant box along the continuum for your services or activities. Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Youth

Families Veterans Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Our mission is to provide an opportunity for underserved children, young people, adults, families, and individuals to promote and strengthen their mental, spiritual, and physical health. We strive to advocate and to raise the voices of the people who do not have access to quality health care.

2. Describe the services your organization provides or the activities it engages in?

We provide a wide range of behavioral health services that include individual psychotherapy, group psychotherapy, and substance abuse services. We give information and advice to both communities and individuals about things like housing, health care, jobs, and education. We offer mental health services,

educational programs, advocacy, and training workshops on a wide range of important challenges and opportunities to immigrants, refugees, LGBTQ+, and low-income communities. We provide access to quality, healthy jobs, financial literacy, and anti-racism information. At Community Caring Clinic, our work is geared toward meeting our mission and vision. Our goal is to give underserved children, teens, adults, families, and individuals a chance to improve and strengthen their mental, physical, and spiritual health. Our organization is located in Roxbury, and the population we serve are those minority Black- Latinx immigrants, LGBTQ+ who live in Boston, Dorchester, Roxbury, and Hyde Park.

The Community Caring Clinic in Roxbury offers behavioral health and substance use-related services to residents of Roxbury and the greater Boston area. The clinic is in the heart of Roxbury's Nubian Square, where there are a lot of minority populations with behavioral health and substance use disorder needs. The neighborhood we serve has so many people who have mental health issues. It has people who are unhoused and who are engaging in substance use and abuse behaviors daily. We have black immigrants who have recently arrived in the community from Africa and Haiti who have substance abuse needs but do not know how to access these services. We also have several Black and Latinx residents who have several years of substance abuse that live and move around our office area at the Nubian Square. We currently provide outreach, address some SDoH needs with these populations, and have a good relationship with the community. The population also has social needs, and our assessment indicates a high need for social determinants of health, substance abuse, and detoxification services.

We do serve a large number of Black and immigrant families whose youth are experiencing substance abuse and Opioid-related overdose. We are connected to the Latinx and Black youth, and we would increase our prevention and outreach efforts to these populations with this grant. We also have a group of youth from the Muslim Community who are suffering from substance use and don't seek treatment because of the stigma and healthcare barriers that they face. We would target these groups with education, referral, and navigation to appropriate substance use disorder services, including detox centers around Boston. We would provide psychosocial educational sessions for the residents and their families and encourage them to seek help.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

We are located in the heart of Roxbury, and we serve several Black and Latinx members of our community. Our constituents are those affected by social determinants of health. They lack housing, have low income, have low-end jobs, are underemployed, are people who speak different languages, are people who cannot speak English, and are people who have transportation problems. They have food insecurity and childcare issues, immigration issues, live in overcrowded or unstable housing, are formerly incarcerated, are unhoused, lack sick time or the ability to request time off, or work jobs with high exposure to the public. Our priority populations include Black and African immigrants. Somali immigrants and refugees, Haitian immigrants and refugees, Latinx community, Cape Verdean immigrants, South American immigrants and refugees, LGBTQ+ population and all other minority ethnic groups and races. To cope with the several challenges among these populations, we see a wide range of drug use and abuse which leads to drug overdose and even death.

The data show that black residents in Massachusetts accounted for the most significant increase in opioid overdose rates. According to the Massachusetts Department of Public Health (June 22, 2023), Opioid-related overdose deaths in Massachusetts increased by 2.5 percent in 2022 compared to 2021, with rates among Black, non-Hispanic residents making up the most significant increase. Additionally, preliminary data released by the Massachusetts Department of Public Health (DPH) showed there were 2,357 confirmed opioid-related overdose deaths in 2022, surpassing the previous peak in 2021 by an estimated 57 deaths. Preliminary data also show there were 522 confirmed and estimated opioid-related overdose deaths in the first three months of 2023, a 7.7 percent decrease (an estimated 44 fewer deaths) from the same period in 2022. We serve about 600 individuals with substance abuse related services and SDoH.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

To ensure that we are providing culturally appropriate services to members of our community, we ensure that we hire and that our staff reflect the population that we serve. Our staff and leadership come from different cultural backgrounds with a wide range of expertise. Our team includes pharmacists, LICSWs, Clinical Psychologists, Nurse PR actioners, Physician Assistants, LADAC1, Community Health Workers, and Case Managers. Our staff members are trained in cultural competence, health literacy, and SDoH needs. Most of our staff speak multiple languages that including Spanish, Haitian Creole, Cape Verdean, Arabic, Portuguese, and Somali. We also are in the process of hiring additional community outreach workers, and older adult peers support staff who reflect members of the community as we increase our substance abuse services in the community. Due to the location of our office, we are faced with residents who are dealing with and abusing drugs close to our office. We make our office accessible to residents and our plan is to offer Narcan distribution in our office and eventually needle exchange programs that we can implement harm reduction right at our office since we see a lot of drugs use around us. We also conduct outreach within the Nubian Square neighborhoods. We produce outreach materials in several languages that reflect the populations that we serve. We are also aware that the traditional office-based treatment is not enough, and that is why we also incorporate educational and outreach efforts in the community as well as in locations like churches and mosque where we can meet members of our community and offer our services to them and link them to care. Community Caring Clinic is familiar with the city of Boston and has previous experience operating there. Our community members are the residents of Boston, and we are in Roxbury. We also conduct radio programs as a means of educating our community on crucial issues like substance abuse and overdose. We also work with community and religious leaders to disseminate health information.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We are actively seeking the input of members of our community through various means. We ask our board members about programs and services that they would like us to address, and they always give us relevant information and feedback. We are also members of the Nubian square substance abuse task force that meets regularly, and we receive information about the current drugs abuse and other information about the activities going on in the Nubian Square and Boston in general and how to address these problems. Our social media platforms are also other means of communicating and sharing information with the community and receiving feedback and hearing their voices. Through these several means of communication with the community, we have learnt that substance abuse and drug overdose is a major problem in our community. Our community and religious leaders are also important voices to the problems in the community that helps us to understand the problems in our community so that we can design programs that will address these problems. When have held focus groups among our community members to get feedback on relevant health information and our community members are very vocal about sharing the problems in the community. The basic way we were able to get all our community members involved and getting their feedback is through one-on-one assessments with our community health workers while assessing and delivering social determinants of health. Members are able to share information both qualitatively and quantitatively with our staff members.

6. What steps has your organization taken to create a more inclusive work environment?

1. Diversity, Equity, and Inclusion (DEI) Training: CCC provides regular DEI training for all staff to ensure awareness and understanding of the challenges faced by diverse populations. This training helps in fostering an inclusive culture where all voices are heard and respected.
2. Assessing Policies: The organization has conducted comprehensive reviews of its policies and procedures to identify and eliminate any potential biases or barriers. This includes revising hiring practices, creating equitable promotion opportunities, and ensuring that all policies are inclusive.
3. Hiring Diverse Staff: CCC makes concerted efforts to hire staff members who reflect the diverse communities they serve. This includes actively recruiting from minority groups and ensuring that the staff composition mirrors the cultural and linguistic diversity of the community.
4. Advisory Committees and Focus Groups: CCC engages with advisory committees and focus groups that include members from various community segments. This ensures that the perspectives of the people they serve are incorporated into program planning and service delivery.
5. Language Capacity Development: Recognizing the linguistic diversity of their constituents, CCC has developed language capacity by hiring multilingual staff and providing language training to existing staff.

This ensures effective communication and service provision in the preferred languages of their clients.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Enhance Behavioral Health Services:

- Goal: To expand the range and reach of behavioral health services, including individual therapy, group therapy, and substance abuse services.
- Actions: Recruit and train additional mental health professionals, particularly from culturally and linguistically diverse backgrounds. Partner with educational institutions to provide internships and training programs.
- Measurement: Increase the number of clients served annually by 30%.

2. Develop Comprehensive Health Literacy Programs:

- Goal: To improve health literacy among the communities served, ensuring that individuals can make informed decisions about their health.
- Actions: Create and distribute educational materials in multiple languages, conduct workshops and seminars on health topics, and leverage social media platforms for wider outreach.
- Measurement: Achieve a 40% increase in community participation in health literacy programs.

3. Expand Community Outreach Initiatives:

- Goal: To broaden the reach of CCC's services and support within the local community.
- Actions: Establish new partnerships with local organizations, increase participation in community events, and enhance visibility through targeted marketing efforts.
- Measurement: Establish five new community partnerships and increase social media engagement by 40%.

4. Sustain Organizational Capacity:

- Goal: To build a robust infrastructure that supports the sustained delivery of services.
- Actions: Secure additional funding sources, improve financial management practices, and enhance administrative capabilities.
- Measurement: Achieve financial stability with a 10% increase in funding year-over-year and improve operational efficiency metrics.

5. Implement Harm Reduction Strategies:

- Goal: To reduce the adverse effects of substance abuse within the community.
- Actions: Provide harm reduction education, distribute naloxone, and offer support services for individuals and families affected by substance use disorders.
- Measurement: Reduce the rate of opioid-related overdoses in the community by 15%.

8. How will the funds help you achieve your goals?

Behavioral Health Services:

- Funding Use: Recruit and train mental health professionals, provide stipends for student interns.
- Impact: Addresses rising demand, ensures culturally competent care, expands service capacity, and improves outcomes.

Health Literacy Programs:

- Funding Use: Develop multilingual materials, hire educators, and organize workshops.
- Impact: Enhances health understanding, leading to better health decisions and empowerment.

Community Outreach:

- Funding Use: Establish partnerships, conduct outreach, and enhance marketing.
- Impact: Increases visibility, access to services, and community engagement.

Organizational Capacity:

- Funding Use: Improve financial management, hire staff, invest in technology.
- Impact: Boosts efficiency, ensures sustainability, and meets growing community needs.

Harm Reduction:

- Funding Use: Distribute naloxone kits, provide harm reduction training, support education.
- Impact: Reduces opioid overdoses, saves lives, supports affected individuals.

SMART Goals for CCC:

1. Psychoeducation:

- o Specific: Launch psychoeducation for substance abuse by 2025.
- o Measurable: Reach 500 members through workshops.

- o Achievable: Partner with health professionals.
- o Relevant: Tackles high substance abuse rates.
- o Time-bound: Complete by December 2025.
- 2. Harm Reduction:
 - o Specific: Distribute 1,000 naloxone kits within a year.
 - o Measurable: Track distribution and usage.
 - o Achievable: Work with pharmacies and health centers.
 - o Relevant: Reduce opioid overdoses.
 - o Time-bound: Finish by June 2025.
- 3. Community Outreach:
 - o Specific: Form five new partnerships by 2025.
 - o Measurable: Formalize via MOUs, track activities.
 - o Achievable: Utilize existing networks.
 - o Relevant: Enhance service delivery.
 - o Time-bound: Secure by December 2025.
- 4. Organizational Capacity:
 - o Specific: Increase funding by 40% in two years.
 - o Measurable: Secure \$1,000,000 in funding.
 - o Achievable: Apply for grants, launch fundraising.
 - o Relevant: Support expansion and stability.
 - o Time-bound: Achieve within two years.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Statement of Functional Exp for 2023... .xlsx

Organization's Operating Budget

 CCC Projected Budget 2024 - Sheet1... .pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Community Workshops, Inc. AKA Community Work Services (CWS)
Organization EIN	04-2103560
Annual Operating Budget	\$4,593,604
Year Incorporated	1877
Organization Address	174 Portland Street, #2 Boston, Massachusetts, 02114
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 6: Boston area

Check the most relevant box along the continuum for your services or activities.

Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

People who are undergoing supervised probation and mandatory treatment through the Massachusetts Drug Courts and federal courts..

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Founded in 1877, CWS helps people who face barriers to work obtain employment and achieve self-sufficiency through innovative job training, placement and support services.

2. Describe the services your organization provides or the activities it engages in?

•CWS provides comprehensive skills-based vocational training programs including Culinary, Commercial Cleaning, Hospitality Services, and Clean Energy disciplines. Participants can obtain industry recognized professional certifications such as Occupational Safety & Health Administration (OSHA). CWS participants can access 12-months of career coaching and case management services to provide support for other key needs including substance recovery resources, mental health counseling, and provides referrals with our growing network of employer partners, computer room access, and other career resources. CWS is also one of the only local organizations that stayed open throughout COVID and developed a community

food program for high-need areas.

- CWS will expand its infrastructure by hiring the Let's Give It Up Foundation (LGIU), a 501(c)3 public charity, to add another dimension to its recovery services. Founded in 2019, LGIU provides people struggling with Substance Use Disorder (SUD) or other debilitating factors with opportunities to tell their story through music and the arts. Prior to collaborating with LGIU, CWS could not offer any opportunities to current participants or alumni to express their creativity through the arts.

- The LGIU team includes a diverse group of individuals who come from all walks of life, including songwriters, musicians, producers, singers, students, professors, playwrights, and, most importantly, those struggling with SUD who give us insight and guidance.

- LGIU works with recovery centers and community organizations to deliver art and music workshops to their participants, LGIU works with individuals in those programs who reflect diverse levels of skill, experience, and age. LGIU collaborates with many organizations including Massachusetts Drug Courts, Massachusetts Organization of Addiction Recovery (MOAR), Turning Point Recovery Center, and Berklee Center for Music Therapy.

- Recording their own lyrics or music in a studio with LGIU's team gives people in recovery the opportunity to engage in the creative process of self-awareness and rediscovery - reminding them of what brings joy and purpose to their lives and that drugs or suicide are not their only options. Their songs become touchstones, something simple but powerful to come back to when they start to waiver on their journey.

- Together, CWS and LGIU have initiated workshops offering people in recovery access to music, art, and writing workshops to reach one common goal: make a positive and direct difference in their lives through music, the arts, acceptance, and ongoing support in a shared community. The unique workshops allow those struggling with SUD to share creative expression, showcasing how the healing arts can foster recovery and resilience. Workshop presenters understand the power of music and arts in fostering self-esteem and purpose in marginalized people, giving them the hope, confidence, and purpose they are searching for to reclaim their lives.

- Statistics show that people who have gone through treatment programs often relapse without ongoing critical support. The expansion of our programs provided through this grant will help support not only current and future participants, but, equally as important, graduates of our programs who return as mentors and ongoing members of the shared community.

Please see the LGIU website and participant stories.

<https://www.letsgiveitupfoundation.org/>

<https://www.letsgiveitupfoundation.org/their-story>

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

- CWS serves an estimated 800 underserved individuals a year, and the majority are BIPOC, from low-income communities in Boston and surrounding areas. Programming is provided at no cost to participants. CWS is consistently recognized for successfully serving challenging groups including those in recovery, formerly incarcerated returning citizens (RC's), individuals with disabilities, those with limited job skills and/or education, migrants, individuals experiencing homelessness, at-risk young adults with experience with the justice/ foster care systems, and non-native English speakers. CWS is also part of The Fedcap Group, a global network of top-tier nonprofit agencies dedicated to advancing the economic and social well-being of the impoverished.

- As part of CWS' infrastructure, LGIU will support an estimated 180-200 community members a year in the Boston area, including those from the Commonwealth's Drug Courts, CWS, treatment programs, schools, and community organizations. At the same time, the LGIU workshops will introduce a new group of high-risk individuals to the job training programs and employment resources at CWS.

- LGIU partners with the faculty of Berklee to record and produce the songs of those struggling with SUD or other debilitating factors. LGIU also partners with the Center for Music Therapy at Berklee to address and identify health inequities through the utilization of inclusive and equitable music-based experiences designed to impact the overall physical and emotional health of children, adolescents, and adults. Utilizing the arts, community, and storytelling in our joint programs helps us to empower people of all ages on their road to recovery and reclaiming their lives.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

- CWS remains committed to Diversity, Equity, Inclusion & Accessibility (DEIA), and we provide a welcoming environment that provides equal access to participants, staff, and volunteers, regardless of ethnicity, race, gender, socioeconomic status, national origin, sexuality, religion, ability, or age.

- CWS works with several community agencies that support BIPOC and women/minority owned businesses, which helps us continue to recruit diverse individuals. Staff speak many languages including Spanish, French, Russian, and Creole, and includes a Bilingual Case Manager. Staff also ensure that participants have DEIA resources. CWS maintains a rolling budget for assistive technology needs, and equipment onsite to help individuals with sight, attention deficit, spectrum and other employment challenges. Additionally, CWS provides trauma informed care and utilizes a strengths based/resilience-informed approach in its service delivery model for participants.

- The majority of CWS participants are BIPOC, and 50%+ of staff identify as BIPOC. Staff include those with disabilities, individuals ages 18-70+, and those who self-identify as LGBTQIA+. CWS also hires staff who have lived life experiences with the same challenges as participants including being in recovery, previous incarceration, and experiencing homelessness.

- LGIU programs are and will be provided to anyone suffering with SUD or other debilitating factors at no cost and are available to all ages, populations, backgrounds, and abilities. No musical or artistic skills are needed to engage with programming.

- Additionally, the individuals served by LGIU represent all members of the Commonwealth's community, whether through its work with the Drug Courts, MOAR, recovery treatment centers, or other community-based organizations. Providing access to LGIU programs will help to support strong recovery pathways.

- To expand accessibility opportunities, LGIU helps to connect vulnerable individuals to artists, performers, art/music therapists, and music producers - which provides them with rewarding opportunities that they otherwise would not have had access to. Developing a personal piece of art, song, or poem in a supportive community is a unique experience that provides an expressive outlet to those who most need it.

- The power of music and the arts can profoundly impact the lives of people in recovery and give them the hope, confidence, and purpose that they are searching for to reclaim their lives and continue on their journey, knowing they are not alone.

"Sometimes the most painful paths we endure are the same paths we walk barefoot." - Ava Grieco from the LGIU website

Please see link for The Serenity Song video, starring .

<https://youtu.be/hYNJ12JcLuA>

5. How does your organization ensure that the voices of the people you serve inform programs and services?

- CWS continues to welcome feedback from participants and utilizes exit surveys/interviews, program reviews, and individual testimonials to support program delivery enhancements and strong outcomes. We also review attendance, completion rates, certification completion rates, employment placement data, address any confidential recommendations, and weave new feedback into our training models and service

delivery components. CWS receives ongoing positive feedback from participants, families, community partners, and employers through surveys, evaluations, and participant success stories.

- CWS is also creating an Advisory Committee which will include diverse representation from the community and program alumni, who will be asked to share key experiences and guidance on developing programs that can meet the evolving needs of underserved populations.

- LGIU also regularly requests feedback from participants and partners, and its programs are available to all ages, backgrounds, and abilities. Of note, [REDACTED] is the newest member of the LGIU Board and in many ways, she embodies the heart and soul of this wonderful initiative to help those struggling with SUD find purpose and joy through music and the arts. [REDACTED] has walked the walk. She has survived the tragedies of losing her big brother and two sisters to overdoses, and she has overcome her own battle with drug dependency. Today, with the support and love of her immediate family and her new LGIU family, Danielle is putting all her energy into helping LGIU add invaluable insight into the design of programs that speak the language of the street. Her personal experiences help to inform programs and services and help to guide the long-term vision and development of LGIU.

- On 6/17/24, Danielle begins an internship with North Suffolk Community Services, where she will work with individuals in need of SUD treatment and mental health services, bringing her unique experience and empathy to support others.

Please see link.

<https://www.youtube.com/watch?v=hQ8ohBBR2Lc>

6. What steps has your organization taken to create a more inclusive work environment?

- In support of inclusivity, CWS staff are required to attend trainings on working with people with disabilities through the Department of Developmental Services and CWS' human rights trainings, as well as anti-harassment, cultural competency, and gender identity trainings. To ensure access for all participants, CWS maintains a rolling budget for assistive technology needs, and equipment onsite to help individuals with sight, attention deficit, spectrum and other employment barriers. Weaving DEIA into learning and development is another key focus area. Senior leaders continue to attend workshops and trainings to remain current on DEIA topics. Additionally, the CWS Board is focusing on recruiting new candidates who can amplify its dedication to becoming more diverse. As we focus on developing our Advisory Council, we are creating DEIA specific goals.

- LGIU supports those who are unable to perform their work themselves by bringing in performers in recovery and professionals to support them. LGIU also continues to work with those who are not native English speakers.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

- CWS and LGIU have complimentary missions, a commitment to supporting vulnerable populations and to providing ongoing levels of support, guidance, education, job training, and resources for underserved participants. Through this synergistic partnership, we are amplifying our strengths and resources in support of services that can provide longstanding recovery tools and community engagement.

- The CWS participant population includes a high percentage of SUD impacted individuals who would benefit from infrastructure expansion with LGIU.

- CWS has a long history of working with individuals in recovery, and hosts an ongoing AA meeting for participants, staff, and the community. CWS is also a referral partner for Massachusetts Access to Recovery (ATR) a program for individuals who have a substance use disorder and are seeking job training. Of note, CWS Executive Director, Craig Stenning, is nationally recognized for his expertise in the integration of behavioral health and substance use disorders and recovery services. He has received the prestigious national awards including the Dole/ Nyswander Award for advancement in substance use disorder treatments and the Ramstad/Kennedy Award for supporting addiction recovery. Additionally, CWS

provides returning citizens who have been incarcerated for 10+ years, and frequently in recovery, with opportunities to build job skills while transitioning back into the community by serving as transitional workers in our Community Food Program.

- The LGIU team of talented and dedicated writers, teachers, musicians and producers work alongside participants in a community of shared creativity, support, acceptance and love. LGIU partners with faculty of Berklee College of Music to produce their songs and with recording and film studios, making this unique and transformative opportunity available to all who wish to participate.

- Over the next 3 years, we will focus on:

1. The expansion of our pool of SUD participants will help to change their life direction through art, music, and poetry. The program intends to help them regain their sense of purpose, creativity, and self-confidence. At the same time the LGIU workshops will introduce a new group of high-risk individuals to the job training programs at CWS.

2. CWS provides job training at male and female Suffolk County correctional facilities. Research confirms that many incarcerated individuals suffer from SUD. Therefore, with the award of this grant CWS and LGIU will explore options to integrate music, art, and poetry sessions into the programs behind the wall.

3. To expand art, music, and poetry slam workshops to 12 per year, and support an estimated 180-200 participants per year.

4. As part of the sessions, participants would create a touchstone, whether an MP3, video, painting, or poem, to use as a healing tool to support an ongoing sense of solidarity with the recovery community.

5. We plan to develop a gallery to display participants' work at the CWS building and other community organizations in the Boston area. Portable galleries would help to raise awareness about the opioid epidemic. Simultaneously, the galleries would give the participants a sense of accomplishment and an opportunity to share their work with others.

8. How will the funds help you achieve your goals?

1. Funds will allow CWS to hire LGIU to provide specialized services to support participants impacted by SUD and other debilitating factors which would include:

- a. The cost of hiring an expressive art therapist and a student intern(s) to help coordinate workshops and support outreach activities.

- b. The cost of producing a song or music video in a studio based on a participants personal experience. Incorporate poetry or rap overlay and bring in a professional musician(s) to perform or play an instrument. Participants would be able to see and experience the process of writing, developing, producing, recording, and editing a song or video.

- c. Poetry slams would serve as an introduction to the process and funding would be used to hire a facilitator. People would come to CWS to create and perform their poetry. This could be a segway into further involvement with the program through art or music.

- d. Film segments of the classes for use in producing a documentary to raise awareness about the individual and community impact of SUD.

2. Participant recruitment, technology resources, professional instruction, staffing at correctional facilities, art/music therapists and teachers, videographer, incidentals, music producer/editor, T-passes, intern stipend, stipends for additional musicians, and program evaluator to monitor annual impact. Note, these will be stipend positions.

3. Utilize social media to showcase the positive recovery and recidivism rates and how CWS and LGIU are working together to create supportive communities that provide ongoing support to individuals as they focus on staying on positive pathways and maintaining recovery.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



2022 The FEDCAP Group FS - 4.26.24.pdf

Organization's Operating Budget



CWS Organization Budget - 6.12.24.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Dawn's New Day
Organization EIN	92-3856989
Year Incorporated	1
Organization Address	38 Dinahs way Wareham, Massachusetts, 02571
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name	
Email	
Title	
Preferred Pronouns	he/him/his

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 100000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 5: Southeast

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

Women

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Our mission is to create a warm and nurturing community to provide a transformative environment during your healing journey.

2. Describe the services your organization provides or the activities it engages in?

Through education and services, Dawn's New Day Sober Living Homes provides wrap-around recovery coverage that is mental health-based and dedicated to teaching life skills. The focus is to address behavioral issues and correct those behaviors as they come up. The organization and its staff provide in-house services, guidance, and mentorship. The housing provides fully furnished affordable sober living that includes utilities, cable, toiletries, and access to office equipment. Women can enter the program voluntarily or can also be recommended through Project NORTH, a free, grant-funded service managed by the Massachusetts Trial Court and the Massachusetts Probation Service. Individuals with court cases can be directly referred to Dawn's New Day, as a MASH-certified sober living home. [REDACTED], a visiting nurse, provides medication management and feedback for the overall medical support systems within the houses. Transportation is provided for medical appointments. [REDACTED], recovery coach, facilitates meetings and group sessions and also provides additional mentorship. The organization assists with obtaining and utilizing additional services through local partnerships. As liaisons, the organization seeks to renew family relationships. The organization works to reunite women with children on weekends. In some instances, it's necessary to work with the Department of Children and Families to assist with

compliance to get open cases closed. Volunteering is an integral part of the program which encourages volunteering three times a week with PACE through a partnership with their community pantry. Rise Recovery Support Center is another partnership that provides additional recovery services. The program is aimed to empower each individual to a healthy, productive life.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

We run women's only sober homes and our residents have often faced with legal issues and housing insecurity. As a MASH-certified sober home, we intake referrals from local court systems through the program Project North. Our location of New Bedford is one of the most culturally diverse cities in the state of Massachusetts. Family referrals are taken from residents of New Bedford and other surrounding areas. Our residents are a direct representation of these diverse communities, including individuals who identify as BIPOC.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Ensuring accessibility and equity in our programs and services at our sober house is fundamental to our mission. We offer a variety of programs that cater to different needs and preferences within our community. This includes support groups, life skills training, recreational activities, vocational training, and educational workshops. We strive to understand and respect the cultural backgrounds, beliefs, and values of our residents. This informs how we design and deliver our programs to ensure they are culturally competent and inclusive. We work to keep our programs financially accessible by offering financial assistance options for those who need them. This ensures that individuals from diverse economic backgrounds can access our services. We offer flexible scheduling and program options to accommodate different schedules and commitments that residents may have, such as work or childcare responsibilities. We have clear anti-discrimination policies in place and promote a welcoming and respectful environment where all individuals feel safe and valued. We regularly solicit feedback from residents to assess the accessibility and effectiveness of our programs. This feedback informs continuous improvement efforts to better meet the needs of our community members. By actively promoting accessibility and equity in these ways, we strive to create an inclusive environment where all community members can participate fully and benefit from our sober house programs and services.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

In our organization, ensuring that the voices of the people we serve inform our programs and services is paramount. We have established regular feedback loops where residents can provide feedback on their experiences, suggestions for improvements, and any concerns they may have. We conduct periodic surveys and assessments to gather structured feedback from residents on various aspects of our services, facilities, and programs. This helps us identify areas for improvement and areas where we are meeting or exceeding expectations. We provide opportunities for one-on-one meetings between residents and staff members or management. This allows residents to express their concerns or ideas in a more private setting. We involve residents in decision-making processes whenever possible, especially when decisions directly impact their living conditions or the programs offered. We maintain transparency in our operations and communicate openly with residents about decisions, changes, and the reasons behind them. This helps build trust and ensures residents feel heard and valued. We are committed to continuous improvement based on the feedback we receive. This includes implementing changes based on resident input and regularly evaluating the effectiveness of our programs and services. By actively listening to and incorporating the voices of the people we serve into our decision-making processes, we strive to create a supportive and responsive environment that meets the diverse needs of our residents effectively.

6. What steps has your organization taken to create a more inclusive work environment?

Creating a more inclusive work environment in our sober house is a continuous effort that involves several key steps and practices. We actively recruit and hire staff from diverse backgrounds, including different racial and ethnic groups, genders, sexual orientations, and socioeconomic backgrounds. This ensures our team reflects the diversity of the community we serve. We provide resources for training and educational

opportunities for our staff on topics such as cultural competence, implicit bias, LGBTQ+ sensitivity, disability awareness, and inclusive language. This helps staff members understand and respect the diverse identities and experiences of our residents. We have established inclusive policies and practices that promote fairness, respect, and equity in all aspects of our operations. This includes anti-discrimination policies, harassment prevention policies, and accommodations for disabilities. We encourage open communication and feedback among our team members. This includes regular meetings, forums for discussion, and mechanisms for our team to express concerns or suggestions related to diversity and inclusion. We engage with the broader community on diversity and inclusion initiatives. This may involve partnerships with local organizations, participation in community events, and advocacy for inclusive practices beyond our organization. Our leadership team demonstrates a commitment to diversity, equity, and inclusion through their actions, decisions, and allocation of resources. This commitment sets the tone for a culture where inclusivity is prioritized and supported. By implementing these steps, we aim to create a more inclusive work environment where staff members feel valued, respected, and empowered to contribute their unique perspectives and talents to our mission of supporting individuals on their journey to recovery in our sober house.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Top goals for our organization in the next three years include establishing infrastructure, becoming sustainable, and expanding staff and services. Sustainability is of utmost importance as we grow our organization and look forward to a long-lasting relationship with our community. All three goals tie into each other, for example, as we increase our sustainability we will be able to fully expand our infrastructure. An improved infrastructure will allow us to create the proper work environment to hire staff, which in turn will help us improve our services. These simple goals represent foundational growth within our organization. We will seek advice and guidance from local partnerships and state and national recovery organizations to seek the best options in the continued growth of Dawn's New Day.

8. How will the funds help you achieve your goals?

Funding will help us immensely in achieving all of our goals. As a newly established organization, we are in an initial phase of growth. We are currently receiving no outside financial assistance which creates a hindrance to our growth process. Funding would immediately be used to establish and expand much-needed infrastructure. We currently consist of a small team of volunteers and although we still make amazing progress, funding would allow us to increase our capacity by offerin paid positions to our established volunteers and hiring addi With more staff, we would be able to offer more services and fully provide the community with the support it deserves. Although we are aware that funding can not be used for fundraising, funding from this grant will still alleviate financial strain and allow us to afford continued contracted work with our grant writer through our own projected income. We feel we are a perfect fit for your selection criteria as we are in dire need of funding to continue our work in the community.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Profit and Loss.pdf

Organization's Operating Budget

 Dawns New Day Annual Budget-2.pdf



Thursday, May 16, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

For general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Dismas House of Massachusetts

Organization EIN

54-2075825

Annual Operating Budget

1200000

Year Incorporated

1988

Organization Address

P.O. Box 30125/30 Richards Street
Worcester, Massachusetts, 01603

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

Co-Executive Director

Primary Contact Preferred Pronouns

he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Region 2: Central MA

Check the most relevant box along the continuum for your services or activities.

Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People who are currently or formerly incarcerated

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

The mission of Dismas is to reconcile homeless former prisoners to society, through supportive community. Supportive community is characterized by students and the formerly homeless living together in a family setting, active involvement of volunteers from the broader community, and a spirit of open and participative decision-making in the community,

2. Describe the services your organization provides or the activities it engages in?

Dismas House of Massachusetts, Inc. is a nonprofit 501(c)(3) agency devoted to its mission of reconciling returning citizens from prison to our communities. To fulfill this mission, Dismas House manages a network of housing and social services that provide an integrated and unique approach to ensure the success of homeless former prisoners in the Greater Worcester, MA area, a community comprising the second largest cohort of low-income clients in the six-state region of New England. The Dismas model provides a safety net and social network for former prisoners through:

- Housing stabilization at a variety of transitional and permanent housing locations – Dismas House, Brooks House, Dismas Family Farm, a new permanent housing annex at the Farm, and scattered site apartments
 - Clinical and case management support – MSW and licensed social worker support for individuals at all sites
 - Farm vocational programming – a full time general contractor and a Farm steward train farm residents in a variety of skills for job placement
 - Full legal support – through the BAR None program, residents, families, and returning citizens throughout greater Worcester receive direct representation from a legal team on disability, family issues, back taxes, credit, stolen identity, drivers license and other issues
 - Aftercare – residents continue to receive legal, clinical, and case management support as needed after graduation from programs
 - Family resources – family reunification supports, from legal, to case management and housing are provided for family units
 - Community Organizing – The Returning Citizens Initiative of Worcester is led by a community organizer and this group works on advocacy issues for better public policy for returning citizens
- Through these efforts, Dismas has emerged as a leader in developing a comprehensive response to the dual crises of homelessness and flawed prisoner reentry programs within the Greater Worcester community and was awarded the Greater Worcester Community Foundation Renaissance Award, and the Edward M. Kennedy Community Health award for its work.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our organization works to innovate and address underlying, root challenges faced by returning citizens. We build leadership in reentry by ensuring our Board and staff are reflective of former offenders, and through our separate steering committee for community organizing that is empaneled to discover, address, and lead on criminal justice advocacy and reforms at local and state levels. We have a multi-faceted approach to reentry that includes in-reach to jails and prisons, building relationships through interviewing with inmates, multi-tiered congregate and permanent housing, a residential organic farm program that includes vocational training, and a farm-to-table hunger initiative that sees the fruits of our labor incorporated into Worcester's (New England's second largest city) hunger response. Our other initiatives include a lawyer and her team who are mobile and connect with hundreds of former offenders and their families at "points of reentry" to address disability claims and legal representation, stolen identity, birth certificate snafus, complicated family and housing law scenarios, and other challenges hindering the progress of the former offenders in our community. We manage a coalition of low-income housing partners to connect with clean energy as a tool to lower utility costs and pollution affecting our communities, actually building solar farms, heat pump and weatherization while serving on the state's Global Warming Solutions Act committee. Finally, our community organizer leads a team of former offenders, supported by other staff, that addresses critical issues harming our population from insisting on change to local social security to co-chairing the statewide Restorative Justice coalition.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Dismas House has always had at its heart and in its policies an inclusionary goal, that saw former offenders on the Board since 1988. Since our founding, we have grappled with DEI as many organizations have, to ensure that we embrace a leadership perspective that brings the voices of disabled, people of color, women, and LGBTQ into leadership. Our Board leadership is composed of women who have stepped into roles of president, vice president, and treasurer for our first time as we pursue actionable organizational change for inclusion and leadership. We have enhanced our Board membership to focus on new latino/a members over the past three years in recognition of a historically ingrained anti-latino posture that infects our city at all levels, and which led to proportionately higher rates of incarceration. Our staff is reflective of the communities we work in, with two latino community organizers spearheading our work an advocacy, and multiple former offenders with disabilities and people with substance abuse engaged as our directors of operations and clinical supervision. Additionally, our fellowship program, similar to Americorps and Jesuit Volunteer Corps, creates year-long positions for people with challenging diasbilities and from underrepresented groups over the past ten years so that they can gain practical work experience and an introduction to the field that leads to additional opportunities.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Dismas House has for thirty-five years ensured representation of former offenders in leadership roles. This has most importantly included mandated slots on the Board of Directors, and hiring policies that elevate people with criminal justice engagement and addiction issues. Currently, our staff includes two former offender community organizers who lead our steering committee and create, define, and implement our advocacy agenda. Our Director of Operations is a high-level position and a former offender has held that job for 20 years. Our clinical director also has the same background. Our Farm coordinator is a former offender. On the Board level, we have 4 former offenders/people with addictions who are Board members deciding the overall direction of the organization and goals. The aforementioned steering committee for advocacy is entirely composed of former offenders.

6. What steps has your organization taken to create a more inclusive work environment?

As a small organization, former offenders are engaged at all levels of our work. This has included the Board, steering committee, and staff mentioned in community leadership - with former offenders and their friends and families playing important roles in setting and engaging an advocacy agenda, building a workspace that reflects the aspirations of our community, and creating in the fabric of our organization a long range engagement with our community that bypasses artificial timelines set by funding agencies and

other arbitrary guidelines on former offender wellness. At our Farm program, all aspects of the Farm work - running a farm store, planning, planting, harvesting, youth and family hunger initiative, tractor maintenance, marketing, special events - are run by the residential community. Former offenders not only fill crucial staff roles, but also receive stipends as house managers helping to proactively build-up our communities. The advocacy work is fully operated by ex-offenders.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

- Housing stabilization at a variety of transitional and permanent housing locations – Dismas House, Brooks House, Dismas Family Farm, a new permanent housing annex at the Farm (Pryce House), and scattered site apartments - 85 people housed and supported per year
- Clinical and case management support – MSW and licensed social worker support for individuals at all sites
- Farm vocational programming – a full time general contractor and a Farm steward train farm residents in a variety of skills for job placement
- Full legal support – through the BAR None program, residents, families, and returning citizens throughout greater Worcester receive direct representation from a legal team on disability, family issues, back taxes, credit, stolen identity, drivers license and other issues (800+ served per year)
- Aftercare – residents continue to receive legal, clinical, and case management support as needed after graduation from programs
- Family resources – family reunification supports, from legal, to case management and housing are provided for family units
- Community Organizing – The Returning Citizens Initiative of Worcester is led by a community organizer and this group works on advocacy issues for better public policy for returning citizens (15 engaged former offenders per year)

8. How will the funds help you achieve your goals?

Funding will sustain our prevention strategies over the next three years by covering costs associated with housing, farm vocational, and some staffing costs for an MSW support position, electric, heat, food, insurance, utilities at sites, and costs associated with the BAR None program - the case management and civil legal support network for returning citizens and their families in greater Worcester.

While continuums of care, housing and other elements of state, federal and local government convene planning groups and distribute funding for the care and well-being of homeless persons, mental health concerns and more, the vast majority of funding for public safety populations is absorbed by facilities, prisons, vehicles, guards, community supervision salaries. This leaves very little for reentry, and reentering offenders also are barred from accessing homeless supports as they generally don't qualify. Thus, each community has an ad hoc approach to reentry, and funding from this initiative would assist our organization as we just opened a new home, expanded our legal supports, and have increased need as well.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Dismas FS 23.pdf

Organization's Operating Budget

 FY24 Summary Budget.pdf



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Drug Story Theater

Organization EIN

47-1683916

Annual Operating Budget

450000

Year Incorporated

2014

Organization Address

P.O. Box 102
Marshfield Hills, Massachusetts, 02051-0102

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three

years.

- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Statewide

Check the most relevant box along the continuum for your services or activities.

Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Teachers, Nurses, Law Enforcement, Adults working with kids, parents

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Drug Story Theater takes teens in the early stages of recovery, teaches them improvisational theater, and helps them craft unique stories into a play about their seduction of, addiction to and recovery from drugs and alcohol. The play is performed so "the treatment of one becomes the prevention of many."

2. Describe the services your organization provides or the activities it engages in?

DST is an adolescent treatment and prevention program. We work with 12-20 adolescents per year in our treatment program who have come to us through short term residential treatment or via the 5 recovery high schools in MA. They have created 6 real-life plays about addiction, recovery, ACE's, and most recently about the dangers of fentanyl and the destigmatization of carrying and using Narcan which have been performed for middle school, high school and college students as well as parents and community members; this is the prevention part of our program. In between scenes, the kids come out of character and explain the brain science behind addiction and how the adolescent brain is at such increased risk for lifelong addiction just because of the way it is developing. Pre/Post show surveys show that after seeing a 40 minute play we can increase knowledge of the adolescent brain, and studies show that if adolescents understand how amazing their brains are, they are less likely to want to harm them.

In 2020, Yale University performed a study of DST to determine if theater can be used as a medium to treat adolescents struggling with addiction, as well as to determine the effectiveness of using theater as a prevention tool. Overall, the study demonstrated that teenagers in recovery from drugs and alcohol can use peer-to-peer interaction to help reduce and prevent substance abuse in middle and high school students. During Covid, DST developed online prevention education and a teacher curriculum packet based on our middle school and high schools plays – a Google Form with an embedded video of each play with pre/post show survey and talkback with cast members, all in conformity with MA DOE Standard 10 on Alcohol, Tobacco and Substance Use/Prevention. Online prevention education allowed us to reach many

more students across the Commonwealth in grades 6-12.

Although most of our prevention education is geared towards adolescents, through the course of our work we have developed two additional plays for adults. Through our years of working with Massachusetts Nurses Association, they requested we perform to remind nurses fatigued and angered by adult patients coming to the ER overdosing multiple times during a shift of where addiction starts. We wrote and performed a play called "We're Still Here" that connects the dots between childhood trauma and addiction, which has been performed for an expanded audience of health care workers, teachers and law enforcement. Recently, we were called upon to provide prevention education by public health departments, school nurses and District Attorneys to address the public health crisis of fentanyl and xylazine that is present in nearly all recreational drugs adolescents might encounter. One of our DST kids wrote a real-life story of a teen party that goes horribly wrong when someone brings pressed pills disguised as Ecstasy but laced with fentanyl, and an overdose occurs. Fortunately, someone has Narcan. This play aims to educate on the prevalence of fentanyl/xylazine and to remove the stigma of carrying Narcan, which can save lives.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Our priority population in both the treatment and prevention portion of our program is adolescent in 6th-12th graders across the Commonwealth, so as to maximize the peer-to-peer effectiveness of our model. We worked with nearly 50 adolescents in our treatment program whose lived experiences become the basis for our real-life plays. These teens came from CASTLE, High Point Treatment Center, referrals, or through work with Independence Academy and Rockdale Recovery High Schools. DST kids who are now young adults continue to participate in our programs; they are always welcome. The secondary population is parents and adults working with adolescents. During Covid, we developed our online prevention education that has since been distributed to over 200,000 6th-12th graders across the Commonwealth. Earmark funding allows us to provide this online prevention education in 2024-2025 to every 6th-12th grader in the Commonwealth. Note that 6th grade is when most adolescents first experiment with drugs and alcohol, but it is also the age most open to a message of prevention.

Our ACE's play, "We're Still Here" has been performed for over 1,000 health care professionals at MNA Annual Conference, Cambridge Health Alliance "Treating the Addictions" Conference, and most recently for over 100 soon-to-be-graduating nursing students at UMass Lowell.

Our Narcan play "Back to Life" debuted in April for MNA and was performed this past National Fentanyl Awareness Day May 7 at Mass Maritime Academy for parents and community members including State Senators and Representatives, District Attorneys, and representatives from Senator Markey's and Congressman Keating's office. MEHA (Ma Environmental Health Association) made up of 150 public health departments across the Commonwealth, had this play performed as its keynote for their annual conference. Over 20 public health departments and public schools across the Commonwealth have requested this play for the upcoming school year.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

The underlying brain science behind adolescent addiction is "colorblind"; the adolescent brain is the same in Marshfield, Michigan or Morocco. Unfortunately, Drug Story Theater found 2 barriers to racial and health equity in the first 5 years of our work. We addressed and overcame these barriers by developing online prevention education in 2020. They are:

- 1) The first barrier to equitable prevention education is financial. Communities that have historically been able to pay for a DST show to come to their schools have been overwhelmingly affluent and white. Prior to Covid in 2017, we addressed part of this problem by devoting our two year partnership funding from BCBSMA as well as financial support from several MA District Attorneys to fund live DST performances for free in every middle school and high school in Brockton, Lowell, Quincy, New Bedford and Milford. This past year in the 2024 budget, DST received \$450,000 to fund prevention education throughout the Commonwealth so that all 6th-12th graders can benefit.
- 2) The second barrier is language. 10% of the overall student population in the Commonwealth are

English Language Learners (ELL). Prior to Covid we performed live for 35,000 public school students and 15,000 adult community members. In 2019, minutes before performing live for nearly 800 6th/7th/8th graders at Stacy Middle School in Milford, we were asked by the administration what services we had for their nearly 25% ELL student population speaking Spanish and Portuguese. We had none, as we were performing in English. This was eye-opening for DST as merely sitting in the auditorium qualified for prevention education for these students. We took this opportunity to translate our plays and prevention education to Spanish, Portuguese, and Haitian Creole to provide equity and inclusion to these ELL students. Subtitles in online prevention education accommodate hearing-impaired students as well. Earmark funding this past year allowed us to translate our most recent prevention education to the 9 most-spoken languages by ELL student.

Since developing our online prevention education, we have rolled it out to over 200,000 6th-12th graders. Moving forward, all of our live performances will be filmed in studio and become the basis for online prevention education that is translated to the 9 most-spoken languages for distribution to all 6th-12th graders to ensure accessibility and equity to adolescents in the Commonwealth

5. How does your organization ensure that the voices of the people you serve inform programs and services?

DST's first three plays were based on real life stories of our adolescents in treatment, some of whom are BIPOC and LGBTQ+, but overall these plays are white-centric because the kids who sought treatment and came to us are predominantly white. Access to affordable healthcare, societal and cultural stigma surrounding drugs and alcohol, immigration status and language barriers have contributed to not enough diverse stories to share with our intended audience of ALL public school students in middle and high school as we attempt to teach the universal brain science behind addiction. We recognize that while most young people may share similar developmental needs[adolescent brain development] cultural issues can significantly impact service strategies. In 2019, A Director from Camp Harborview saw our middle school show "Second Chances" in Brockton: she felt our prevention message and underlying stories of addiction were riveting and universal, but believed her community of BIPOC children needed to hear the message from peers who they could see in themselves. We never forgot her words, and this past year we worked with Rockdale High School in Worcester on a weekly basis, traveling 3 hours round trip to ensure we had a diverse cast. These kids were diverse in many ways, as BIPOC and LGBTQ+ teens, but also as teens who were living in poverty and/or with adults struggling with addiction.

All public school students in MA are expected to receive equitable access to prevention education although we know this is not the case. This is not deliberate, but a result of structural racism built into our education system. We have seen this problem and come up with a solution; provide online prevention education to all public middle and high schools; develop more stories of BIPOC/LGBTQ+ to deliver the message; translate content into languages appropriate for ELL students.

6. What steps has your organization taken to create a more inclusive work environment?

Across cultures, people want the same thing: to simply feel valued by another person. Dr. Shrand, DST founder, has based his career around his idea that "respect leads to value and value leads to trust". DST's treatment program is open to any adolescent in the early stages of recovery. The DST treatment component has been called by one of the troupe a "no judgement zone." Everyone is welcomed, and new members are supported and mentored by the existing DST troupe. This includes both teens in recovery, and teens who have been impacted by others who have been using drugs and alcohol. The stigma of substance use crosses all ethnic boundaries. Our mission is to remind everyone that addiction is not about morality, it is about mortality. DST exemplifies what can be accomplished when we look past that which divides to that which unites. Our teens are not professional actors: they are courageous youth who want to help others not go down the same path of addiction. When the audience applauds, that is part of our kids' treatment, recognizing they are valued. Our goal is to prevent the next opioid epidemic. Not just in one group, but across youth of all ethnicity, religion, preference, and challenge. Addiction does not discriminate, and neither will DST.

Since our means of distributing this prevention education is predominantly through the public school system, ensuring inclusivity for BIPOC, LGBTQ+ and youth with disabilities is a requirement and a right of all these children. We have outlined how we will tailor our prevention education so it resonates with all children, emphasizing the stories of our BIPOC and LGBTQ+ adolescents in treatment, translating content into languages spoken by our ELL students, and relying on Dr. Shrand's expertise as a medical professional and adolescent psychiatrist specializing in addiction.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the

people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

DST has been working for nearly a decade to treat and prevent adolescent addiction. We have collaborated with MA public schools, Mass Nurses Association, public health departments, District Attorneys, elected officials, BCBSMA, BSAS, numerous task forces and coalitions, parents/caregivers, and most importantly, adolescents, to help prevent the next opioid crisis. This past year we finally received earmark funding “to support prevention education and forums” across the Commonwealth in an amount substantial enough for us to operate and expand(\$450,000). Our goals for the next 3 years are:

1) Work with a new cast of kids each year to develop their own unique stories of their seduction of, addiction to and recovery from drugs and alcohol. These stories will become a play to be performed live at select public schools/community venues. The cast will then go in studio to record their play, which will become the basis for next school year's online prevention education available to all 650,000+ 6th-12th graders and translated to 9 ELL most-spoken languages. Every year there will be a new story but the brain science and pre/post show survey remain the same.

2) Continue to perform and lecture at colleges (UML/UMass Boston/Bridgewater State), for doctors and nurses (MNA,CHA), for public health departments (MEHA), and working with District Attorneys to remind adults working with kids of where addiction starts: connecting the dots between childhood trauma and addiction. We will encourage empathy and respect of patients/students/people in their care and explain how adults can be a trusted member of a child's life to set them on a path of resiliency.

3) Continue to perform "Back to Life", a harrowing yet vital play based on a true story where a casual night of partying takes a tragic turn. The performance is designed to engage parents and community members in a candid conversation about the dangers lurking in recreational drug use today, particularly the deadly presence of fentanyl and xylazine. Through a compelling narrative and a subsequent talkback session, we aim to shed light on the often-underestimated risks of experimenting with drugs, the critical importance of destigmatizing Narcan, and the real possibility of saving lives by making this life-saving drug readily available. This play is recorded and translated and can be shared next year with community members and parents across the Commonwealth

4) Continue to work with and encourage all of our DST kids, even those who have aged out of peer-to-peer performing, to work on their sobriety and focus on quality of life.

Please note that DST is hoping to receive RIZE funding based on our \$450,000 operating budget this year rather than on 2022 990 report that showed reduced Commonwealth funding due to Covid

8. How will the funds help you achieve your goals?

DST is hoping to receive \$100,000 per year over 3 years to fund the design, distribution and data collection of our online prevention education. Currently, our online prevention education consists of a professionally filmed youtube video of one of our shows, a talkback between Dr. Shrand and the kids answering the most frequently asked audience questions, and a pre/post survey consisting of questions about the adolescent brain, all inserted into a school-specific Google Form provided to students via a link to their chromebooks from their teachers. Content fits into a 50 minute class. A teacher curriculum packet with references to all the MA DOE Standards on Alcohol/Tobacco/Substance Use and classroom discussion items to generate conversation and open dialogue about drugs, alcohol and addiction as well as a document on how to use the materials is included. These are all translated to the 9 ELL languages. GoogleForms and packet are sent to each school's Superintendent, Principal, Health Ed Teacher and ELL Coordinator via email. Survey results generated by GoogleForms are sent back to schools in an excel spreadsheet via email. The product and process is time-consuming, inefficient, and clunky, although all the pieces are there. DST has wanted to develop a toolkit and digital app similar to the one Health Resources in Action(HRiA) developed with Project Here in 2017. We would like an easy-to-use form located centrally where each school's teachers can find their links and share at their discretion with students. Data by school will be collected centrally and shared with the schools, DST and MA DOE and HHS, possibly to be compared to YRBS data as well as to show increased knowledge by students about their adolescent brains. A portion of the funds would be used to fund marketing and outreach to the schools to maximize usage.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



FYE 2023 Federal Tax Return Docume... .pdf

Organization's Operating Budget



DST in CBHC Program Budget.xlsx



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Eliot Presbyterian Church: Day Center

Organization EIN

[REDACTED]

Year Incorporated

2020

Organization Address

273 Summer Street
Lowell, Massachusetts, 01852

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

partnership@eliotlowell.org

Primary Contact Title

318-347-1341

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

office@eliotlowell.org

Title

978-452-3383

Preferred Pronouns

she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 261000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 3: Northeast

Check the most relevant box along the continuum for your services or activities. Harm Reduction

Check the Priority Population(s) you serve or aim to serve (select all that apply). People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery People experiencing homelessness or housing insecurity Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

The Eliot Day Center is a hub where our unhoused, unsheltered and most vulnerable neighbors receive spiritual care, person-centered support, and tangible resources for obtaining and maintaining safe and stable housing, along with overall wellness care, with an emphasis on substance use disorders.

2. Describe the services your organization provides or the activities it engages in?

As an expression of our mission, Eliot Church opened the Eliot Day Center in May 2020 to meet the immediate needs of our neighbors experiencing homelessness, many of whom lost access to all the places where they could safely spend time during the day as a result of the COVID-19 pandemic. For four years we have welcomed all people, regardless of religious affiliation or practice, race or ethnicity, or sexual orientation, and we honor each person’s dignity and safety. In a congregational-wide process, and in conversation with the City of Lowell and other homeless service providers, the board of the church voted enthusiastically in April 2023 to continue serving our neighbors experiencing homelessness through a daytime shelter with increased emphasis on rehousing, substance abuse care, and partnership. According to the CDC’s 2021 data, the opioid-related overdose rate in the state of Massachusetts is 33.5 per one-hundred thousand residents. This number has increased from 2021 to 2022, according to the Massachusetts DPH. The local DEA officials have identified fentanyl as the top drug threat in Lowell as of 2022 with opioid-related overdose deaths increasing every year. We are committed to being partners in a community to meet the most essential needs of those who are unhoused; support them toward becoming and remaining housed; and contribute to a community-wide strategy for making homelessness and substance abuse rare, brief, and non-recurring.

The Day Center is open Monday - Friday from 8:00 a.m. to 2:30 p.m. to provide the necessary needs such as: daytime shelter, food, clean restrooms, wi-fi, electricity, clothing, mail services, and hygiene supplies.

We are the only low-barrier day center open five days per week in greater Lowell. Low-barrier means that those who are actively under the influence of drugs or alcohol may receive services as long as they are ambulatory and able to comply with posted and verbal instructions. In 2024, EDC is strengthening our ability to support our clients in finding and maintaining safe and stable housing, along with providing harm reduction care and partnership with substance use recovery. We are doing this by engaging new community partners and expanding our case management services. As a hub of support, the Day Center will break down the silos that prevent governmental agencies and non-profit organizations from collaborating to ensure the best results for our shared clients by offering our location for providers from other agencies to meet with our mutual clients in an environment that is comfortable and familiar. We will continue to offer our daytime shelter, healthy food, and the other tangible resources mentioned above as a means of connecting and engaging with individuals experiencing homelessness. However, we are also making adjustments in our staff's job descriptions, adding participation in the Balance of State coordinated entry process and increasing our emphasis on community partnerships.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

In the past 12 months, we have seen the daily attendance at the Day Center increase by 92%, indicating both the increasing need and the limited nature of other daytime service providers. EDC serves approximately 120 individuals each day and over 250 unique individuals in the past year. Many of our guests live with chronic health conditions, mental health disorders, substance use disorders, and/or co-occurring disorders. In a program year, EDC will provide approximately 20,000 engagements, defined as an instance of someone accessing the Day Center for food, case management, or to meet with a community resource partner. Partner agencies in nursing care, harm reduction, HIV testing, and recovery support will provide an additional 1,400 engagements yearly. Engagements are reported monthly by the DSS.

The Day Center's existing supportive services address the CHIP goal Mental Health A.4 to increase volume and diversity of programs that reduce social isolation and build community, particularly for people who . . . have a substance use problem and CHIP goal Chronic Health & Wellness A.4 to increase community access to nutritious and culturally-relevant food. As a low-barrier program where Fentanyl test strips and Narcan are available, the Day Center also serves CHIP goal Substance & Alcohol Misuse C.4 to expand harm reduction services and resources. Current on-site partners include Lowell CO-OP (daily: detox and recovery bed enrollment), Lowell House (weekly: nurse practitioner and harm reduction specialist), and Eliot Community Human Services (weekly: mental health and housing), Lowell Community Health Center (bi-monthly: Partners in Progress HIV testing and counseling). These existing community partnerships contribute to the following CHIP goals: Service Navigation A.4 - increase collaboration with healthcare providers outside of clinical settings; Substance & Alcohol Misuse C.4 - expand harm reduction services and resources; and Infectious Disease A.3 - increase in-community access to services.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Eliot Church is proud to have a 45-year history of multicultural inclusion since the arrival of Cambodian immigrants and refugees to Lowell in the late 1970s. The Cambodians who became members of the congregation were integrated and equipped for leadership opportunities. Many of the immigrants who came to Eliot from Kenya, Cameroon, and Ghana in the 1990s already had a connection to the Presbyterian church in their countries of origin and added those traditions to the fabric of Eliot Church. Equity and inclusion go beyond numerical representation. The values of the Day Center also prioritize equity and inclusion. The majority of our guests are white and English-speaking. We also see a notable number of Spanish- and Swahili-speaking people and a few Khmer-speaking guests.

In 2023 we began to improve our data collection as part of a plan for equity improvement. Demographic information including age, gender, race, is crucial to understanding who homelessness is affecting and directing resources appropriately. The Center for Evidence-based Solutions to Homelessness notes that chronic and unsheltered homeless individuals are often missing from municipal data on homelessness, and they call for expanding implementation of HMIS to include all providers who encounter unsheltered homeless individuals. A new position for a Housing Case Manager will improve our client intake process and enter the demographic data in the regional HMIS system. The more focused effort on data collection

and enrollment into the Commonwealth's coordinated entry process facilitates the collection and reporting of data to bring more affordable housing solutions to our community and address inequities in homelessness and housing.

While Lowell has an excellent network of human service providers, these providers sometimes struggle to remain connected with unhoused clients due to the instability of those clients' lives. Other times, agencies work in silos and fail to coordinate care effectively and efficiently. EDC has always valued partnership, and in 2023 we realigned our mission to act as a partnership hub, helping our neighbors in substance use and homelessness have access to the resources and care they need to remain safe, healthy and sheltered. EDC's location, person-centered approach, and rapport with the unhoused community mean we are well suited for partner organizations to serve their clients at our location. Current key partners of the Day Center include Community Teamwork (housing case management), Lowell House (harm reduction and nursing care), Lowell CO-OP (harm reduction and substance use treatment), Eliot Community Human Services (mental health and housing) and the Lowell City Health Department. These and other partners provide their services on site at EDC, enabling them to more easily reach their clients and coordinate care with other providers. In 2024, we are providing social and clinical support through an increased focus on partnership and case management. We are doing this by shifting the former Director of Social Services to the Director of Community and Client Relationships who will focus on closing the gap between access to the service providers in Lowell and the guests we serve in the Day Center.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

The Eliot Day Center team has several staff and volunteer members who have lived experience of substance use, mental health challenges, incarceration and housing insecurity. At present, we are developing an Advisory Committee that would meet separately from the Outreach Committee whereby persons with current or recent lived experience of substance use and/or homelessness could directly shape the mission and programs of the Day Center. A stand-alone advisory committee could schedule meetings at a time and location that is best for this group of constituents and then provide feedback to the Outreach Committee and Session. The formation of the Advisory Committee is a top priority for the Day Center as we seek to include the voices of our guests more directly in our decision making process and program planning. We will have no less than 5 people serving on this committee by August 2024 and plan to announce its launch in September 2024. Their role will include recommending changes to existing programs, suggesting new programs, reviewing the Day Center's guidelines, contributing to annual staff evaluations, input on strategic planning, and sharing best practices based on their lived experience.

In addition to the voices of the Outreach and Advisory Committees, we also value the input of the guests at the EDC. Therefore, we have created a suggestion box that is accessible to all who enter the EDC to submit a proposal of a new idea or improvement of an existing program so that we can better serve the needs and interests of our guests. People experiencing homelessness are disproportionately people of color and/or members of the LGBTQ+ community, further complicating issues of access and equity in healthcare and wellness. At EDC, we intend to include these voices on our Advisory Committee, better shaping the framework of our operations.

6. What steps has your organization taken to create a more inclusive work environment?

The Eliot Day Center is committed to providing ongoing staff professional development and training to ensure a well rounded and versatile team is providing the best form of service and care to the guests of the center. As of June 1, 2024, the EDC has provided staff training on harm reduction from a licensed registered nurse, trauma-informed care training from one of our staff directors, and active shooter training from a trained civil air patrolman. The EDC intends to continue these trainings throughout the year with upcoming sessions including mental health disorders, HIV/Hep C infection, DEI training, de-escalation training, and more. In addition, our entire staff and volunteer base is CPR and First Aid certified, along with completing Narcan training. We also have a licensed Recovery Coach and two ServSafe certified persons on our team.

The EDC continues its commitment to create a more inclusive work environment by employing staff and welcoming volunteers that understand and reflect the unique community of Lowell and the Day Center. We employ a diverse staff including one African-American, one Lao-American, and one Portuguese-American who is fluent in English and Portuguese and conversational in Spanish. We have one staff member and multiple volunteers in long-term recovery and one staff person with lived experience of incarceration. Our

team includes six females with four of them over the age of 50. We partner with Bridgewell Counseling Services to provide an employment opportunity for one of their clients with mental or behavioral health disorders. While the Day Center is operated by Eliot Presbyterian Church and offers opportunities for spiritual care, we do not require for any persons to be affiliated with a particular religion or lifestyle to be employed, to serve, or to access resources of the Day Center.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

In a recent staffing review, we have added a position for a Housing Case Manager whose primary responsibility will be to conduct outreach among Day Center guests, enroll them in case management services, provide referrals, and offer direct support toward housing, recovery services, and other interventions. A new Housing Case Manager will dedicate their time to supporting clients in becoming and remaining housed while providing a higher level of service to our clients, many of whom require intensive case management to ensure a healthy and sustainable trajectory towards recovery and wellness.

Trauma is defined as an event or set of circumstances that is experienced by an individual as physically or emotionally harmful and has lasting adverse effects on the individual's functioning and mental, physical and emotional well-being (SAMHSA 2014). Therefore, those experiencing substance abuse and chronic homelessness are survivors of complex trauma. These survivors are entering the EDC every day to have a meal, rest, or meet with a community service partner. With the Day Center in operation Monday - Friday, the EDC aims to establish a space that not only provides food, clothing and shelter but also serves as a space for healing and restoration. This can be accomplished through trauma-informed design. Trauma-informed design promotes healing and recovery by going beyond the basic needs of shelter and safety and approaches rehabilitation by catering to the higher order needs such as self actualization, belonging, and esteem (Maslow 1943). The EDC plans to incorporate a trauma-informed design approach to better serve the guests of the Day Center and promote healing that goes further than meeting only the basic needs.

In addition to creating a space that invites and promotes healing and well-being, the EDC desires to offer structured courses that serve the needs of the guests in an intentional manner. These classes would be based on a trauma-informed care approach and include courses such as Narcotics Anonymous, recovery curriculum, counseling based focus groups, creative writing/arts, meditation and breathing, and more. The Day Center believes in a holistic, or "head to toe", approach to healing and plans to introduce more creative and clinical care to promote healing and recovery.

8. How will the funds help you achieve your goals?

Funding from this grant will support the addition of a Housing Case Manager to work directly with our guests. This position will be able to solely focus on performing intake interviews, enroll clients in the state's coordinated entry system for housing, support clients in their recovery journey, and perform follow up care for those who become housed and/or maintain sobriety. This position will be 30 hours per week at a rate of \$22.00 per hour. With a Housing Case Manager, we will expand our ability to manage our data collection efforts. The Center for Evidence-based Solutions to Homelessness notes that chronic and unsheltered homeless individuals are often missing from municipal data on homelessness. In 2023, the EDC transitioned to the Commonwealth's VESTA database so that we can directly enroll clients in the Balance of State's coordinated entry system for accessing housing resources. The more focused effort on data collection and enrollment into the coordinated entry process facilitates the collection and reporting of data to being more affordable housing solutions to our community.

Funding from this grant will directly support a trauma-informed design approach to the Day Center's daily function. With a design that emphasizes physical, mental and emotional safety, and creates an environment that restores empowerment and control back to the survivor, we believe the EDC will become a place that is known for its restorative power.

This grant will directly fund resources such as books, curriculum and supplies for the courses that the EDC wants to implement into the daily operations. With a more well-rounded recovery approach, we can better serve the mind, emotions, and overall whole person.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Eliot Church finance report 2023.pdf

Organization's Operating Budget



Eliot Church 2024 Budget.pdf



Friday, June 14, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

EMO Health

Organization EIN

[REDACTED]

Year Incorporated

2015

Organization Address

177 Huntington Ave, Suite 17
Boston, Massachusetts, 02115

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

I prefer not to say

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]

Title

[REDACTED]

Preferred Pronouns

I prefer not to say

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Statewide

Check the most relevant box along the continuum for your services or activities. Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

EMO Health’s mission is to provide innovative medication services that engage, educate, and empower our community. EMO’s growth is aligned with its continued commitment to developing, supporting, and promoting upstream and downstream strategies to counter the effects of the overdose crisis and substance use disorder. Simply to “End Mass Overdose.”

2. Describe the services your organization provides or the activities it engages in?

End Mass Overdose Inc. (DBA EMO Health), a Boston-based nonprofit founded in 2015 by U.S. Navy Veteran and registered pharmacist [REDACTED], aims to improve access to pharmacists by placing

them directly in community settings. This innovative approach enhances equitable access, particularly in areas with limited public transportation and pharmacy closures. EMO pharmacists, skilled in medication counseling, educate a diverse audience ranging from medical professionals to individuals with low health literacy. Global and U.S. evidence supports the economic benefits of pharmacist interventions, which help detect drug interactions, unnecessary medications, and improve medication adherence, leading to lower healthcare costs and better quality of life.

A 2023 study from Rhode Island, involving URI, RI Hospital, and Brown University, found that individuals with substance use disorder (SUD) monitored by pharmacists had an 89% retention rate in care, compared to traditional methods. EMO pharmacists are at the forefront of overdose prevention, embodying the principle of "P" for prevention.

Since 2017, EMO has provided medication management support, training, and technical assistance to congregate care and residential addiction treatment facilities across Massachusetts. Their services, offered at no cost to over 500 licensed facilities, benefit approximately 5,800 individuals with SUD at any given time. EMO's pharmacy-based strategies improve access to medication management resources in addiction care settings that previously lacked these services.

EMO's diverse team of pharmacists and care professionals create safe, inclusive environments in SUD treatment facilities licensed by the MA Bureau of Substance Addiction Services (BSAS). They primarily serve Medicaid recipients from underserved communities facing socioeconomic challenges and stigma. EMO strives to counteract these effects, supporting behavioral health providers and SUD treatment programs amid a workforce shortage.

EMO designs creative solutions and training to ensure staff are well-equipped to handle, document, and store medications securely. Their training empowers staff to prevent medication errors and create a safe, supportive atmosphere for residents learning about medication use. EMO's comprehensive consultation services cover admission and discharge processes, medication policies, proper disposal of medications, support planning, adherence monitoring, and continuous learning opportunities.

EMO's statewide training curriculum helps programs comply with updated state regulations and maintain financial stability, ensuring reimbursement from Massachusetts Medicaid (MassHealth). Their effective training has garnered attention from public health professionals, addressing the behavioral health workforce crisis and positively impacting staff retention. EMO's ongoing development of services and educational opportunities benefits both patients and staff, contributing to the broader public health system.

Recently, EMO achieved multiple accreditations as a continuing education provider. They became an approved provider for Pharmacist Continuing Education (CE) through the Accreditation Council for Pharmacy Education (ACPE) and the National Association of Addiction Professionals (NAADAC). EMO Health is one of only three ACPE providers in Massachusetts, an accreditation even local universities no longer hold. These accreditations enable EMO to deliver quality education on medication management and substance use disorders on a wider scale.

Continuously seeking to expand its role, EMO provides SUD education to local communities and technical assistance to other congregate care settings, striving to enhance its impact and diversify its services.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

EMO offers services to BSAS-licensed programs throughout Massachusetts to over 500 licensed Massachusetts treatment facilities. An EMO Regional Pharmacist or Technical Assistance Manager is assigned to cover a region of the state, ensuring adequate statewide coverage of EMO's comprehensive services. Notably, this past year, an additional pharmacist was hired to dedicate services to Western Massachusetts, a region long overlooked with insufficient services that are disproportionate to its needs.

EMO's goal is to support historically underserved communities and populations that have experienced higher rates of opioid-related overdose deaths. We prioritize services for BIPOC individuals, youth and families, those who are housing insecure, and individuals who are post-incarceration. EMO has supported homeless shelters upon the request from a local Commissioner of Public Health, specifically aiding a

shelter that had experienced a series of medication errors. EMO staff provided medication storage solutions to improve medication safety and support the front-line workers of the shelter.

In addition to medication management and technical assistance, EMO's expanding education department has conducted and participated in numerous educational initiatives. EMO provides multiple in-person and virtual services including naloxone overdose-reversal agent training, accredited continuing-education on SUD awareness, and stigma-reduction for community members, youth educators, and healthcare professionals. In 2023, EMO facilitated and presented 14 ACPE CEs (16 hours) reaching 160 pharmacists and 3 NAADAC CEs (3 hours) reaching 17 SUD professionals. Combating the opioid epidemic necessitates a multifaceted approach, including comprehensive education for community members, youth, and SUD service professionals.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

EMO's mission to provide innovative services that engage, educate, and empower the community is closely aligned with priorities revealed in a recent "community engagement report" conducted by a City of Boston agency. Prioritizing BIPOC, youth and families, people facing housing insecurity, and individuals who are post-incarceration as these are the individuals most affected by SUD. Multiple staff members have had extensive previous work experience caring and advocating for underserved populations in numerous settings including correctional facilities, psychiatric hospitals, substance use disorder programs, community pharmacies in underprivileged neighborhoods, developmental services, assisted living facilities, and homeless shelters. The diversity among EMO's staff reflects the leadership's commitment to inclusivity and equitable service.

EMO understands the necessity to "meet people where they are" to reach vulnerable populations at risk of fatal overdose and will minimize any language/communication barriers. Multiple members of EMO's staff are multilingual including fluency in Spanish and Arabic. EMO's various educational programming including in-person, virtual, and recorded sessions have included ASL and translations in Spanish. EMO will continue such collaboration in future education, trainings, and presentations.

EMO prides itself on employing a diverse staff. It fosters a culture where everyone's voice is respected and heard. This cultivates an environment of not only inclusivity but the feeling of belonging by employees and collaborators. EMO prioritizes employing and partnering with individuals who have primary and secondary lived experiences to better serve and understand the community's needs. EMO Health is a team of 13 staff from diverse backgrounds and experiences. Despite the relatively small size of the organization, 46% of the staff and leadership identify in at least 4 different racial and ethnic categories; with 7% of staff identifying as LGBTQ+ community. At least 57% of the organization's members have shared lived experiences like substance use disorder and past housing insecurity with the populations they serve. The diversity of EMO's team allows the organization to provide culturally sensitive and empathetic services to vulnerable populations in desperate need.

Lastly, any materials developed will be well-rounded using information from evidence-based information from reputable sources. Along with tools and materials available from the Massachusetts Health Promotion Clearinghouse, EMO will develop toolkits and will ensure messaging is consistent with that of the Massachusetts Dept. of Public Health and evidence-based best practices. EMO staff are well experienced in developing educational content on various topics for a wide audience. Topics have included substance use and treatment, overdose prevention, naloxone training, and stigma which was delivered and presented to local and national organizations including SUD residential programs, campus safety staff at high schools, NAADAC (The Association for Addiction Professionals), and the Police Assisted Addiction & Recovery Initiative (PAARI) of which EMO is a partner.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

EMO believes in the principle of "nothing about us without us". EMO enlists community members' support, wisdom, and input during all stages of service development, execution, and evaluation.

EMO's mindful approach to programs is by "meeting them where they are" while providing comprehensive consultation services. EMO's staff of pharmacists and operation specialists develop customized plans that adhere to state/federal regulations and best practices while respecting a program's autonomy to implement. Staff members attend various professional boards and community meetings to ensure the organization remains informed about staff, patients, and community member's needs and concerns. Services are made public through the state BSAS website, EMO Health's website, and social media accounts. Additionally, EMO encourages and welcomes participant feedback through surveys following trainings and services provided to programs for continuous quality improvement.

6. What steps has your organization taken to create a more inclusive work environment?

EMO prides itself on having a diverse staff with a rich mosaic of cultures and shared experiences. EMO embodies a culture of ongoing research to inform the implementation of recommendations, aiming to stay current on legal, ethical, and cultural community considerations, as well as evidence-based best practices, in line with our standards as registered pharmacists. Education is foundational to us, and our leadership is committed to providing staff training, particularly in adult learning theory, to enhance facilitation and engagement.

In recent months, EMO's leadership has arranged interactive discussions for staff with marginalized groups, providing education on how to deliver our services more effectively and sensitively. Ongoing mandatory annual staff training includes topics such as diversity training and trauma-informed care. Additionally, we conduct yearly reviews of our company policies to ensure a diverse, equitable, and inclusive work environment.

To continue our commitment to securing an inclusive work environment, EMO aims to create a DEI scorecard to identify, prioritize, and establish goals that align with the company's vision. This is outlined in Forward Together: DEI Plan for 2024-2027. Our vision statement is "EMO Health strives to create an environment where all individuals feel valued, respected, and empowered to contribute their unique perspectives and talents. We are committed to fostering a culture of diversity, equity, and inclusion that enriches our organization and drives innovation and success. "We Are All In."

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Goals for the next three years include the following areas:

1. LAUNCH PILOT PROGRAM. Expanding a pilot delivering Pharmacist-Led Clinical Medication Therapy Management (MTM) Services to BSAS Licensed Residential Programs

Seven years of conducting services within BSAS-licensed residential facilities, a notable lack of access to MTM services for residential patients was evident. This pilot brings EMO pharmacists directly to residents, targeting underserved patients who typically lack access to such services especially in Western Mass. Goals include improving residents' overall health, filling gaps in care by healthcare providers, educating to enhance health literacy and autonomy, and decreasing the number of unnecessary medications upon completing a program. Reduced costs to MassHealth are intended indirect benefits.

2. BROADEN REACH OF CURRENT BUSINESS MODEL. Translating EMO's existing model of Medication Management and Technical Assistance (MMTA) to other types of congregate care settings. (e.g. sober homes or long-term care facilities)

Any congregate care program would benefit from this service. Expansion includes supporting EMO's Shelter and Low-Threshold Housing pilot. This initiative will provide secure medication storage, disposal solutions, and education to staff. Data from this pilot will provide the information needed to gain sustainable funding for services with EOHLIC. Grant money will sustain the services described above. EMO strives to offer complete, comprehensive services which include multiple staff training, support planning, and clinical services.

3. AUGMENTING WORKFORCE THRU DATA MODERNIZATION. Acquiring tools and software to build and

expand our technology infrastructure to enhance efficiencies.

This frees staff to focus on ingenuity, creativity, customer relationship building and problem-solving. DEI concepts will inform decision-making on product selection.

Demand for EMO's unique services are high yet small staffing levels restricts its ability to reach more programs. Enhanced technology and virtual access will allow for an extensive reach throughout the state especially in Western Mass. and among non-residential SUD service providers which includes OTPs and IOPs.

Taking full advantage of the facilities of a Learning Management System (LMS) as a repository of on-demand lectures and self-paced learning is fee-dependent. Grant funds will activate additional tools within LMS and most importantly raise the participant threshold to be widely accessible to more audiences. This enables EMO to support programs even after services are completed. LMS will enhance accessibility and address the program's need for ongoing medication training and education due to staff turnover. This system will provide a centralized location for high-quality training. Giving programs access to up-to-date information through LMS ensures adequate patient care despite constantly evolving medication information and best practices.

4. WORKFORCE. Growing EMO's workforce to meet emerging demands.

In 2022, staffing grew by 100%. Today, EMO is met with demands for new services which may outweigh its capacity. Increasing staffing by 25-50% to adequately deliver our services and the highest level at which we operate is required. Recently, two new, small, privately-owned treatment centers prepare for opening by seeking out EMO's expert consultation and guidance. As more establishments arise and navigate regulation, if opening is delayed due to slow preparation, more lives will be lost to the epidemic.

8. How will the funds help you achieve your goals?

EMO is experiencing a "growth spurt" with new initiatives and pilots starting in fiscal year 2025. Service demands strain our capacity. Adequate funding is vital to maintain momentum and service quality. Based on our goals these funds will assist in supporting our efforts to:

1. DIVERSIFY WORKFORCE AND COMPENSATION. Funds will be flexed between the following.

- NEW HIRES.** EMO plans to have a robust interdisciplinary team by hiring up to 3 team members, including a regulatory advisor or social worker experienced in SUD, to support new initiatives. Funding limits the MTM pilot to 3 programs and the shelter housing pilot to 5 shelters annually. Additional staff will enable EMO to reach more BSAS-licensed programs and shelters each year.

- PERFORMANCE BONUSES & RAISES.**

Funds will reward employees based on annual performance reviews of between 1-3%. Unused funds will be pooled for year-end bonuses or flexed into other areas.

- INTERNAL CAREER LADDER DEVELOPMENT.**

We will review, analyze, and restructure the organizational chart to support new business growth and manage new employees effectively. EMO recognizes that its employees are purpose-driven, goal-oriented, and innovative. Employees require job security and advancement opportunities; without these, the organization risks losing them to more lucrative opportunities.

2. WORKFORCE UPSKILLING. Invest in staff development through courses and certifications to enhance skills, reducing costly attrition. EMO carefully selects diverse team members to represent the communities we serve, ensuring training and development for organizational growth.

3. DATA MODERNIZATION. To build and expand our technology infrastructure we envision upgrading and modernizing our existing hardware: email, task management platforms, promotional tools, learning management system (LMS), and cybersecurity systems.

- Upgrade Microsoft's security and cloud solutions

- Support Contact Center: remote support offering real-time solutions for medication management activities.

- Customer relationship management software to support the management and automation of workflow and provide maximal performance.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



Financial Statement (2).pdf

Organization's Operating Budget



FY24OperatingBudget.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Extreme Kid, Inc.
Organization EIN	87-1855232
Year Incorporated	2021
Organization Address	43 ferris Indian Orchard, Massachusetts, 01151
Are you a fiscally-sponsored project?	Yes
Name of Fiscal Agent	New North Citizens Council
Fiscal Agent's EIN	23-7371934
Fiscal Agent's Organization Address	2455 Main st Spfld, Massachusetts, 01107
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.

- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities.

Prevention

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

Veterans

Older adults

Immigrant communities

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Urban Excel Foundation by Extreme Kid, Inc. empowers at-risk youth & young adults in urban communities. We offer STEM/STEAM education, drug/gun prevention, & career development. Partnering with juvenile courts & community organizations, we provide holistic support, including counseling, ensuring all participants feel valued. Our aim is to foster respect, community engagement, & lifelong success.

2. Describe the services your organization provides or the activities it engages in?

Urban Excel Foundation Services and Activities

Urban Excel Foundation by Extreme Kid, Inc., is dedicated to transforming the lives of at-risk youth, teens, and young adults in urban communities. Our mission is rooted in the belief that every young person deserves the opportunity to thrive and succeed, regardless of their background. As a passionate and

experienced educator, I have seen the challenges faced by our youth and the tremendous impact dedicated support and innovative programs can have. Our organization offers a comprehensive range of services and activities designed to empower and uplift our participants, providing them with the tools and resources they need to build brighter futures.

STEM and STEAM Education:

Education is the cornerstone of personal and professional growth. Our STEM (Science, Technology, Engineering, and Mathematics) and STEAM (adding Arts) programs spark curiosity and foster a love for learning. Through hands-on experiments, interactive workshops, and community research projects, we provide engaging educational experiences. Our goal is to inspire young minds to explore and pursue careers in these fields, breaking down barriers and opening doors to opportunities often out of reach for urban youth.

Drug and Gun Prevention:

The prevalence of drug abuse and gun violence poses significant threats to our youth. We address these issues head-on through comprehensive prevention programs. Using innovative tools such as drug identification guides, 3D displays, and educational games, we teach participants about the dangers of substance abuse and the importance of making healthy choices. Our programs include workshops and simulations that highlight the real-life consequences of drug use and violence, providing a powerful deterrent and encouraging positive behavior.

Career Pathway Development:

Preparing our youth for successful futures requires practical skills and career readiness. Our career pathway development programs offer a holistic approach to workforce preparation. We provide career exploration opportunities, mock interviews, and skill-building workshops that cover essential topics like resume writing and professional etiquette. Additionally, our home economics classes teach valuable life skills such as budgeting, cooking, and food sustainability, ensuring our participants are well-rounded and self-sufficient.

Holistic Support and Community Engagement:

We understand the challenges faced by our youth extend beyond the classroom. That's why we offer a wide range of holistic support services, including counseling, group therapy, and community referrals. Our partnerships with juvenile courts and community organizations enable us to provide wrap-around services that address the unique needs of each participant. By collaborating with these entities, we offer an alternative to sentencing and detention, focusing on rehabilitation and positive development.

Inclusivity and Diversity:

Our commitment to inclusivity and diversity is our heart. We actively reach out to marginalized communities, including immigrants, refugees, and LGBTQ+ youth, ensuring everyone feels welcome and supported. Our marketing materials are available in multiple languages, and programs respect, celebrate diverse backgrounds of our participants.

Transportation and Accessibility:

Ensuring all participants access our programs, we provide transportation to and from our activities. This allows us to reach more youth and young adults, particularly those in marginalized communities, and ensure they have the support they need to succeed.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Each year, we connect with approximately 1,500 to 2,000 individuals facing significant challenges. Our services cater to those grappling with substance misuse (marijuana, pills, mushrooms, vaping), LGBTQ+ youth, young adults pending criminal charges, those adjudicated with misdemeanors and felonies, homeless children, families with housing insecurities, disabled individuals, BIPOC communities, English Language Learners (ELL), veterans' families, and immigrant communities.

Our mission is rooted in the belief that every young person deserves the opportunity to thrive and succeed. I have seen the tremendous impact dedicated support and innovative programs have. Offering a comprehensive range of services designed to empower and uplift our participants, providing them with the tools and resources they need to build brighter futures.

Throughout the school year, we provide after-school programs that offer academic support, life skills training, and mentorship. Our summer programs extend this engagement, providing enriching activities and workshops that keep youth engaged and learning. We also host community engagement events and workshops year-round, ensuring continuous support.

This year, we are excited to be working on developing a feeder program with Western and Central juvenile courts, community center teen programs, and local urban churches. This initiative aims to create a pipeline of support for school-aged children, young adults, and their families, offering a path to stability and success.

Our holistic approach addresses needs at every stage, helping participants overcome challenges and achieve. We provide services in schools, summer programs, colleges, churches, and after-school settings, ensuring consistent, year-round support. Partnering with juvenile courts, community centers, and churches, we extend our support network deeply into the community, fostering a sense of belonging and providing critical resources.

Through education, prevention, and holistic support, we strive to create a nurturing environment where young people can grow, learn, and succeed. Together, we build a brighter community, one young person at a time.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Ensuring Accessibility and Equity

Urban Excel Foundation by Extreme Kid, Inc., is deeply committed to making sure our programs and services are accessible and equitable to everyone in our community. Hands-on, comprehensive approach is key to success.

Developing Language Capacity:

We know that communication is key. Our marketing materials and program information are available in multiple languages, including Arabic, Chinese, Pashto, Swahili, French, Spanish, and Haitian Creole. By doing this, we can engage non-English speaking families, ensuring they understand and feel welcome in our programs.

Diverse Community Representation:

We advertise our programs on billboards in urban areas, showcasing diverse community representation. This visual inclusivity helps everyone feel welcome and supported, and it shows our commitment to diversity.

Curriculum Development:

We design our programs and curriculum to address the unique needs of our community. We focus on health and wellness, gun prevention, drug use intervention, home economics, and career development. By tailoring our content to these critical areas, we ensure that our participants receive relevant and impactful education and support, equipping them with the tools they need to succeed.

Representation matters. Our staff reflects the community we serve, with team members from diverse backgrounds who understand the unique challenges our participants face. We hire foreign and refugee stipend volunteers to help with engagement, translation, and rapport building, ensuring that our programs are culturally sensitive and effective.

Boots on the Ground Approach:

Our "boots on the ground" approach means we actively engage with the community through direct interaction and participation in local events. This hands-on method helps build trust and rapport with community members, making our services more accessible and effective. By being present we understand and respond to the needs of our community.

BIPOC Stipend Volunteers:

Our organization is made of BIPOC member stipend volunteers who play a crucial role in connecting with and supporting our community. Their involvement ensures that our services are designed and delivered in a way that resonates with the community's needs.

Holistic Support Services:

We offer holistic support services, including bringing in health consultants for workshops, group open discussions, and community referrals, to ensure comprehensive care for our participants. By addressing various aspects of their lives, we create a supportive environment that fosters personal growth and community engagement. This comprehensive approach helps us meet the needs of the whole person, not just their immediate challenges.

Community Engagement and Outreach:

We host regular community engagement events and workshops throughout the year, ensuring continuous support and interaction with our participants. These events provide opportunities for learning, connection, and growth, fostering a sense of community and belonging. Our outreach efforts are designed to be inclusive and engaging, drawing in community members from all walks of life.

Inclusive Program Design:

We design our programs to be inclusive and accommodating to all participants, including those with disabilities and those from marginalized communities. This includes physical accessibility, sensory-friendly environments, and culturally relevant content. Our goal is to ensure that everyone can participate fully and benefit from our services.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Here's how we make sure our participants' perspectives and needs shape what we do:

Youth and Adult Advisory Boards:

We have established Youth Advisory and Teen and Adult Advisory Boards. These boards are composed of stipend youth, teen, and young adult volunteers who play a crucial role in program development, messaging, social inclusion, and staying current with community needs. These young people and adults provide direct input on how our programs should be shaped and delivered. They also train and work to engage.

Regular Feedback and Surveys:

We conduct regular surveys and feedback sessions with our participants and their families. These surveys help us gather valuable insights into their experiences, needs, and suggestions for improvement. By systematically collecting this information, we can adapt and enhance our programs.

Focus Groups and Community Meetings:

We organize focus groups and community meetings and engagement for participants. Sessions are crucial for understanding unique challenges/ needs of our diverse community and fostering a sense of ownership and involvement among participants.

Inclusive Program Development:

Developing new programs or updating, we involve advisory board members in planning stages. We hold brainstorming sessions, workshops where community members contribute ideas and feedback.

Our staff and volunteers reflect the community we serve, ensuring we have deep understanding of the cultural and social dynamics at play.

Partnerships with Local Organizations:

We collaborate with local organizations and strong ties to community.

Community Engagement and Outreach:

Advisory board members train, work to engage with community partners at events. They participate in community engagement, ensuring our programs remain relevant and effective. They help market, educate

the community through social media platforms, using voices to reach wider audience, raising awareness about initiatives.

Continuous Improvement:

We are committed to a process of continuous improvement. We regularly review feedback and performance metrics to identify areas for enhancement.

6. What steps has your organization taken to create a more inclusive work environment?

Unique Curriculum and Programming:

We develop original, culturally relevant curricula and programs that address systemic issues such as gun violence, drug abuse, and educational disparities. Our focus on drug and gun prevention, career development, and wellness ensures comprehensive support for our participants.

Inclusive Spaces:

Our organization is a staple in the community, offering a safe and welcoming space for young people to gather and learn. Being physically present in the community helps participants feel valued and supported.

Support for Marginalized Groups:

Our programs are inclusive of all participants, including immigrants, refugees, LGBTQ+ youth, and individuals with disabilities. We provide materials in multiple languages and offer culturally sensitive programming.

Community Engagement and Collaboration:

We host numerous engagement events, sometimes up to 12 per month, in addition to regular classes and workshops. These events foster inclusivity and provide opportunities for connection and growth.

Collaborations with local churches, courts, community centers, and schools maximize our reach, ensuring accessibility for elementary, middle, and high school students.

Hiring from Within the Community:

We prioritize hiring staff from the communities we serve, ensuring our team understands and relates to the unique challenges our participants face. This approach builds trust and relatability, crucial for effective support.

BIPOC Representation:

Our organization is owned and operated by a BIPOC female. We actively recruit BIPOC individuals for various roles, ensuring our team reflects the demographics of our communities and brings diverse perspectives.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Expand Educational and Enrichment Programs:

Our top priority is to engage children, teens, and young adults across Massachusetts, especially within BIPOC communities, by utilizing collaboration with juvenile courts and detention facilities, community centers, teen programs, after-school programs, churches, traditional before and after-school programs, elementary, middle, and high schools, college campuses, and community engagement events. We aim to deliver enriching and unique programming that deters drug use and overdoses. Our approach includes activities similar to the "Say No to Drugs" campaign of the 80s, but with a modern twist involving social media responsibility and the prevention of gang, drug, and gun violence. Specifically, we aim to:

Develop and implement new educational curricula focused on drug identification, effects, appearance, and legal consequences, while also supporting STEM, arts, and vocational training.

Partner with local job training facilities and creative spaces to offer hands-on learning experiences.

Ensure materials and supplies are consistent and available to conduct at least 20-30 workshops on opioid use and prevention each month at schools, court-ordered workshops, and churches. These efforts aim to educate 5,000-10,000 youth annually on the devastating effects of drug, alcohol, and gun violence.

2. Enhance Facility Support and Transportation:

We aim to expand our facility support staff and transportation capabilities to better serve our community by:

Hiring additional support staff to ensure the smooth operation of our programs.

Purchasing and maintaining vehicles for the safe and reliable transportation of children, teens, and young adults to our facilities and various community events.

Ensuring consistent availability of resources and materials needed for all programs and workshops.

3. Broaden Outreach and Cultural Integration:

To maximize our reach, we will market and advertise our programs in several languages to connect with refugee and foreign language populations, aiding their integration into the community. Our goals include:

Creating marketing materials in multiple languages, including Spanish, Arabic, Chinese, Pashto, Swahili, French, and Haitian Creole.

Partnering with local organizations that serve immigrant and refugee communities to facilitate cultural exchange and integration programs.

Organizing community events that celebrate cultural diversity and promote unity.

4. Strengthen BIPOC Staffing and Volunteer Base:

We are committed to hiring and sustaining a dedicated team of BIPOC staff and volunteers who share our passion and creativity. Our specific goals are:

Recruiting and retaining a diverse workforce that reflects the community we serve.

Providing ongoing training and professional development opportunities for staff and volunteers.

Creating a supportive work environment that encourages innovation and forward progress.

By focusing on these specific and realistic goals, Urban Excel Foundation by Extreme Kid, Inc. aims to expand our reach and create a safe, supportive, and enriching environment for the youth and families in our community. Through education, community partnerships, and dedicated staff, we will continue to make a positive impact and foster the growth and development of our participants.

8. How will the funds help you achieve your goals?

Program Manager and Curriculum Development:

The funds will enable us to hire a dedicated Program Manager who will travel across Massachusetts to deliver training, conduct workshops, and develop engaging curricula and community events. This role is crucial for ensuring the consistent delivery of our programs and expanding.

Educational Tools and Interactive Displays:

Funding will be used to purchase essential educational tools and interactive displays that are pivotal in our drug and gun prevention programs. These tools include just to name a few:

Drug Identification Guides, 3D Display of the Anatomy of an Opioid Abuser, Wheel of Misfortune Game, Drug Education Guide and Disoriented Game, Drug Awareness Chart, Enhanced Drug-Affected "Ready or Not" Simulators: These provide a realistic perspective on the demands of caring for a drug- or alcohol-affected baby, offering young people a startling perspective on teen parenting, and "What Mommy Does" Baby Model: Demonstrates how substances can affect fetal health, using visual aids like cigarette butts, pills, syringes, and beer bottle caps.

Expansion and Sustainability of Services:

The funds will also be used to expand our support staff, ensuring that we have the resources needed to operate smoothly. This includes:

Utilities and Operational Costs: Covering utilities, gas, mileage reimbursement, and training for staff and volunteers.

Facility Rentals: Renting spaces for workshops and events as needed to accommodate our expanding programs.

Enhanced Community Outreach:

We plan to use the funds to support our community outreach efforts by:

Developing Marketing Materials: Creating multilingual materials to reach a wider audience, including Spanish, Arabic, Chinese, Pashto, Swahili, French, and Haitian Creole.

Advertising and Promotion: Ensuring that our programs are visible and accessible to all members of the community, particularly those in marginalized groups.

Comprehensive Support and Prevention Programs:

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements



NNCC Fiscal Sponsor Extreme Kid, Inc....pdf

Organization's Operating Budget



Extreme Draft Budget June 2023 thro... .xlsx



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Fathers' UpLift
Organization EIN	[REDACTED]
Year Incorporated	2011
Organization Address	[REDACTED], 02124
Are you a fiscally-sponsored project?	☒ No
Primary Contact Full Name	[REDACTED]
Primary Contact Email	[REDACTED]
Primary Contact Title	[REDACTED]
Primary Contact Preferred Pronouns	☒ he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 6: Boston area

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency Families

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Fathers’ UpLift provides mental health counseling, coaching, and advocacy to assist fathers with overcoming barriers (racism, emotional, traumatic, and addiction-based barriers) that prevent them from remaining engaged in their children’s lives. We uplift fathers and strengthen families nationwide through service, love, and encouragement.

2. Describe the services your organization provides or the activities it engages in?

Fathers’ UpLift (FUL) provides a range of comprehensive services aimed at supporting fathers, families, and communities primarily in the minority-populated neighborhoods of Roxbury, Dorchester, and Mattapan in Boston.

Clinical Therapy:
FUL’s core service is clinical therapy, providing mental health support to fathers and families. Licensed therapists employ evidence-based approaches to help clients navigate parenting challenges and emotional expression. This service is crucial for addressing internal barriers and promoting mental wellness. Clients can access therapy as long as needed, with services funded through insurance or alternative sources when necessary.

Therapeutic Coaching:

Therapeutic coaching enhances clinical therapy by offering personal mentorship and case management. Coaches, who share similar backgrounds and experiences with clients, help develop individualized goals with clients to address external barriers such as custody issues, housing, employment, and substance use recovery. This holistic support includes peer mentorship and group courses like “Managing Emotions” and “Pre-Father Care,” ensuring clients receive comprehensive care tailored to their needs.

Peer Recovery Support and Addiction Recovery Services:

FUL’s programming includes peer recovery support and addiction recovery services, addressing root causes of behavior and promoting harm-reduction techniques. This support is vital for clients dealing with substance use disorders (SUD) and reentry challenges post-incarceration, fostering rehabilitation and community reintegration.

Reentry and Substance Use Treatment Programming:

FUL’s reentry support and substance use treatment programs tackle systemic obstacles, aiming for health equity among underserved populations. These programs promote rehabilitation through community-based support, addressing both mental health and substance use issues.

Community Integration and Support:

FUL employs a trauma-informed approach, recognizing the prevalence of trauma among clients. Services are tailored to ensure safety and connect clients with trauma survivors, providing comprehensive, culturally competent care. FUL also collaborates with Medication-Assisted Treatment (MAT) programs, offering referrals and accepting clients from these programs to ensure seamless, integrated care.

Training and Community Impact:

FUL extends its impact through training programs for social workers, correctional facility staff, and other community organization employees, enhancing service provision across various sectors. Over 4,000 professionals have been trained, impacting services for an estimated 200,000+ individuals. Additionally, FUL employs former clients as peer-to-peer supports, called Ambassadors, fostering a communal support atmosphere and enhancing program effectiveness.

FUL’s holistic programming model addresses social determinants of health, destigmatizes mental health treatment, and empowers practitioners of color to serve their communities. By mirroring staff demographics with the served population, FUL builds trust and familiarity, breaking down barriers to accessing mental health and social support services.

Since its founding in 2011, Fathers’ UpLift has served over 14,000 fathers and family members, contributing significantly to the wellbeing of at-risk populations in Boston. The organization continues to expand its services and impact, striving for a more equitable and healthy community.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Fathers’ UpLift (FUL) primarily serves fathers (ages 18-65) and their families in Boston’s minority-populated neighborhoods of Roxbury (53% Black, 29% Latino), Dorchester (44% Black, 16% Latino), and Mattapan (74% Black, 16% Latino). These neighborhoods face significant socioeconomic challenges, including a high crime rate (4,016 crimes per 100k population, 45% higher than greater Boston), lower median household incomes (\$28,455 in Roxbury to \$49,445 in Dorchester), and a combined high school graduation rate of 75%.

Our clients are predominantly Black (72.82%) and Hispanic (14.24%), with smaller percentages of White (11.00%) and Asian/Indigenous/Other (1.94%). The gender distribution is 90.4% male and 9.6% female. Over 50% of our clients fall into the 35–64 age range, with another ~25% between 25–34. Approximately 6–7% are teens and young adults. Linguistically, our clients primarily speak English and Spanish, with a small proportion speaking Haitian Creole and other languages.

Nearly 42% of children in these neighborhoods live in poverty, and 47.7% of children across Suffolk County grow up in single-parent households, with over 85% living with their mothers. Additionally, 69% of our clients have a history of incarceration, 59% have spent time in prison, and 45% report a history of substance use disorder (SUD).

However, at the same time, our clients are resilient heroes in their community. They have often overcome numerous systemic obstacles and barriers standing in the way of their success, and yet they persist. Our clients dream of being the best fathers and fathers figures they can be to achieve their dreams and build a better community for their families. FUL addresses our clients' needs by partnering with them and providing comprehensive mental health services, therapeutic coaching, and peer support, aiming to build a more equitable community and improve the quality of life for our clients.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Fathers' UpLift (FUL) ensures its programs and services are accessible and equitable to all community members through a combination of intentional staffing, cultural competence, language capacity, and community-centered approaches.

Intentional Staffing and Cultural Competence

FUL prioritizes hiring staff who share the cultural, racial, and socioeconomic backgrounds of the communities we serve. Over 75% of FUL staff are Black, and 9% are Hispanic, reflecting the demographics of our client population. This shared background fosters trust and relatability, making clients feel understood and respected. Program staff, in particular, are selected for their lived experiences and cultural competence, which enhances their ability to connect with clients on a personal level.

Language Capacity

To serve our linguistically diverse community, FUL staff are fluent in multiple languages, including English, Spanish, and Haitian Creole. This language capacity ensures that language barriers do not prevent clients from accessing services. By providing bilingual services, we make our programs more inclusive and accessible to non-English speaking clients, enhancing their ability to engage fully in therapy and coaching sessions.

Community-Centered Approach

FUL adopts an "on-the-ground-and-in-the-community" approach to service delivery. This involves actively engaging with the community through outreach programs and building strong relationships with local organizations. By being present in the neighborhoods we serve, we can better understand the unique challenges and needs of our clients, tailor our services accordingly, and reduce barriers related to geographic accessibility and stigma associated with seeking help.

Trauma-Informed Care

FUL implements a trauma-informed approach across all services, recognizing that many clients have experienced various forms of trauma throughout their lives. Our staff receive regular training in trauma-informed care, ensuring they are equipped to provide safe and supportive environments for clients. This approach includes screening for trauma, ensuring client safety, and connecting clients with individuals who have survived similar traumas.

Reducing Stigma

FUL takes deliberate steps to destigmatize mental health and social support services. This includes modifying our language around programming, such as referring to group therapy as "group sessions" and therapy as "wellness check-ins." By normalizing these services and framing them in a less clinical manner, we make them more approachable and acceptable to our target population.

Holistic Programming

FUL's holistic programming model addresses all social determinants of health, providing comprehensive support that includes mental health services, therapeutic coaching, addiction recovery services, and reentry support. By addressing both internal and external barriers, we empower clients to achieve lasting positive changes in their lives.

Collaboration and Referrals

When FUL cannot directly fulfill a client's needs, we leverage our extensive network of community partnerships to refer clients to appropriate resources. This collaborative approach ensures that clients

receive comprehensive support, even if it means connecting them with external organizations better suited to address specific issues.

By integrating these strategies, Fathers' UpLift ensures that its programs and services are accessible, equitable, and effective in meeting the diverse needs of the communities we serve. This commitment to accessibility and equity is central to our mission of building a more inclusive and supportive environment for all clients.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Fathers' UpLift (FUL) ensures that the voices of the people we serve inform our programs and services through several key strategies, fostering a feedback-rich environment where client input directly shapes our offerings.

We regularly conduct client surveys to gather feedback on the effectiveness and impact of our services. These surveys are designed to be comprehensive, covering various aspects of our programs and service delivery. Feedback collected through these surveys is analyzed and used to make data-driven improvements to our programs. We also utilize suggestion boxes at our service centers, allowing clients to anonymously provide suggestions and comments.

FUL organizes focus groups with clients (including a recent one in partnership with MIT to evaluate our Ambassador program) to discuss specific aspects of our services and gather in-depth qualitative feedback. These focus groups are facilitated by staff members or third parties who ensure a comfortable and open environment where clients feel safe to share their thoughts and experiences. The insights gained from these sessions are invaluable in refining our services to better meet client needs.

FUL employs former clients as peer-to-peer supports, known as Ambassadors, who work closely with current clients. These Ambassadors serve as a direct link between the organization and the community, ensuring that client voices are consistently heard and considered in program development. Their lived experiences and ongoing interactions with clients provide continuous feedback and help us adapt our services accordingly.

Through our strong network of community partnerships, we regularly receive feedback from partner organizations that interact with our clients. This collaborative approach ensures a holistic understanding of client needs and helps us to continuously improve our services.

Through these strategies, FUL ensures that the voices of those we serve are central to our program development and services, fostering an environment of continuous improvement and responsiveness to community needs.

6. What steps has your organization taken to create a more inclusive work environment?

Fathers' UpLift (FUL) has taken several proactive steps to create a more inclusive work environment.

We prioritize hiring staff who reflect the diverse communities we serve. Over 75% of our staff are Black, and 9% are Hispanic, mirroring the demographics of our client population. This diversity extends to our program staff, who often share similar cultural, racial, and socioeconomic backgrounds with our clients. By doing so, we foster a sense of trust and relatability, making our services more effective and culturally competent.

We continuously assess and update our organizational policies and practices to promote inclusivity and equity. This includes reviewing our hiring practices, employee benefits, and workplace policies to identify and eliminate any barriers to inclusivity. We strive to create policies that support all employees, particularly those from marginalized or underrepresented groups.

Our leadership team is committed to DEI principles and leads by example in fostering an inclusive work environment. Currently, 83% of our Executive Team are BIPOC and 50% are women; and 50% of our Board of Directors are BIPOC as well. This commitment is also reflected in our organizational goals and the resources allocated to DEI initiatives. By prioritizing inclusivity at the leadership level, we ensure that DEI values are integrated throughout the organization.

We engage with the communities we serve to understand their needs and perspectives better. This engagement informs our internal practices and helps us align our work environment with the values and expectations of our community. By maintaining strong connections with our clients and community partners, we ensure that our inclusivity efforts are grounded in real-world experiences and needs.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Expand and Diversify the Workforce of Black and Brown Therapists

One of our primary goals is to increase the number of Black and Brown therapists entering the mental health field. By 2026, we aim to recruit and train 30 fellows annually through our Fellowship training and support services. This involves:

- Recruitment and Training: Expanding our Fellowship program to attract a diverse cohort of therapists each year.
- Job Placement Support: Providing robust tracking and support for alumni, including job placement with partner organizations.
- Partnership Development: Collaborating with schools of social work and other institutions to develop curriculum training and continuing education certifications, integrating our approach into the broader field of social work and mental health.

2. National Replication of Our Therapy Model

To extend our impact beyond Boston, we plan to launch The UpLift Academy, a digital platform enabling partners like prison systems, public agencies, schools of social work, and community organizations to access and be trained in our model. This initiative includes:

- Digital Learning Platform: Developing The UpLift Academy to provide training and resources for implementing our therapy model in various communities.
- Curriculum Development: Creating training programs for schools of social work and continuing education certifications to propagate our approach widely.
- Partnership Expansion: Engaging with diverse partners to ensure the model is accessible and adaptable to different community needs.

3. Increase our Services for Clients with Opioid Use Disorder (OUD)

FUL is committed to serving more clients with Opioid Use Disorder (OUD). We aim to serve 100–200% more clients with OUD over the next three years. Expanding our OUD and SUD services is critical to addressing the rising OUD crisis in our communities and includes:

- Enhanced Outreach and Engagement: Expanding outreach efforts to connect with more individuals suffering from OUD.
- Integrated Treatment Programs: Strengthening our substance use treatment programming to provide comprehensive care for clients with OUD.
- Collaborative Partnerships: Working closely with local health care providers, MAT programs, and community organizations to create a seamless network of support for OUD clients.

4. Strengthen Infrastructure and Sustainability in Boston

To meet the growing demand for our services and ensure sustainability, we aim to solidify our Boston operations through:

- Team Expansion: Hiring five new clinicians to support the direct delivery of therapeutic programs and develop training resources.
- Technology and Tools: Custom-building a new Electronic Health Records system for better data capture, analysis, and support for future virtual training and collaboration.
- Research and Data Process: Establishing a dedicated research and data process to support rigorous impact evaluation and growth analysis.

5. Position for National Scale and Long-Term Sustainability

Preparing for national expansion and ensuring long-term sustainability involves several strategic steps:

- Leadership and Strategic Planning: Hiring key growth positions, including a Chief Program Officer, to oversee expansion efforts and guide strategic planning.

- Revenue Generation: Developing a comprehensive plan to increase revenue through philanthropy, insurance reimbursements, public funding partnerships, and continuous education credits.
- Marketing and External Affairs: Establishing functions to support partnership development, program growth, and overall scaling plans.

8. How will the funds help you achieve your goals?

Funding from this grant will primarily improve our staff expansion and treatment of OUD and SUD at our flagship location in Boston through a two-phased approach.

Phase 1:

Our program management team is building partnerships for OUD referrals, creating a pipeline to methadone clinics and essential services. In year 1, we will hire a consultant to make our office more welcoming for people with OUD. This consultant will identify effective risk reduction methods and educate us on how opioids differ from other substances. Staff training will be a priority, including Naloxone and harm reduction training. Our community peer-to-peer Ambassadors, who are on track to become peer addiction specialists, will receive this training alongside our coaches and clinicians, ensuring all staff have a baseline understanding of OUD and its treatment. Year 1 funding will also partially support program management positions and may be used for rent and bills to sustain our client drop-in center, a critical infrastructure that will cease to exist without continued funding.

Phase 2 (Years Two and Three):

This phase will involve community outreach and increased service implementation. We will support our Ambassadors' community outreach efforts and hire an Outreach Worker to specifically promote our services in the community. Enhanced outreach will help us address the under-addressed need for OUD treatment among our client population, establishing us as a safe space and making treatment more accessible. Our goal is to at least double our service of clients with OUD over the next 1–3 years. With trained staff, new coaches and clinicians, and increased community outreach, the funding will sustain and expand our capacity to serve clients with OUD.

This phased approach will ensure we effectively meet the needs of our community while building a foundation for long-term sustainability and growth.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Fathers Uplift FY22 Audited Financialpdf

Organization's Operating Budget

 Fathers' UpLift 2024 Proposed Budget.docx



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Fishing Partnership Health Plan (DBA: Fishing Partnership Support Services)
Organization EIN	
Year Incorporated	1997
Organization Address	398 County Street New Bedford, Massachusetts, 02740
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which

equals \$135,000.

Total Requested Amount for Three Years 450000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located?

Statewide

Check the most relevant box along the continuum for your services or activities.

We focus devoted time to all of the areas above and describe in greater detail throughout the application.

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Families

Immigrant communities

Underserved and disproportionately impacted members of the commercial fishing industry

I. This section provides the opportunity to explain your organization's work and who you serve.

1. What is your mission statement?

Fishing Partnership Health Plan (DBA: Fishing Partnership Support Services/FPSS) imbeds itself within and responds to the unique needs of underserved commercial fishing communities, providing free services to fulfill its mission to improve the health, safety, and economic security of commercial fishermen, their families, and their communities.

2. Describe the services your organization provides or the activities it engages in?

Commercial fishermen work in one of the deadliest and dangerous occupations in the United States. FPSS works within fishing communities to improve health outcomes, reduce the risk of injury/fatality on the job, and address other social determinants of health. FPSS conducts its programming through a team of certified Community Health Workers, called "Navigators." Navigators come from the fishing community; they have endured the uncertainty of a life where a loved one disappears over the horizon into a dangerous environment with no guarantees. Because of their lived experience and cultural awareness, Navigators are in a unique and trusted position in their community and have been fundamental to motivating fishermen and their families to access support services, while working alongside FPSS in developing programming that is responsive to community needs.

Since 1997 FPSS has used this successful model to address issues like access to health care and fatalities at sea. FPSS approaches opioid use disorder (OUD) the same way - working from within fishing communities to create holistic, sustainable, and culturally responsive programs with enduring outcomes.

For OUD, FPSS has developed the following programs (some of which are pilots or under-scaled for the communities served):

Prevention

- Ergonomics training and nutritional planning to prevent the muscular skeletal injuries that often lead to opioid prescriptions or self-medication.

- Safety Training to prevent the traumatic catastrophes at sea that increase risk of SUD for those that experience them and their family members (e.g., vessel sinkings, man overboards, injuries, etc.).
- Emergency Financial Assistance during an illness/injury so that workers who lack paid time off can recover.
- Culturally appropriate Opioid Education so that fishermen understand the elevated risk they and their fellow workers face because of the nature of their employment without feeling that they are being stereotyped.

Harm Reduction

- Industry-appropriate First Aid/CPR training that teaches fishermen how to recognize and treat an opioid overdose, communicate effectively with the Coast Guard, and conduct a medical evacuation by helicopter.
- Distribution of Naloxone at no cost through our Fishermen as First Responders program so that fishing vessels can come to the assistance of any member of their community ashore or at sea. Since 2016, FPSS has trained and equipped over 2,500 fishermen with naloxone.
- Distribution of Fentanyl Test Strips.
- Access to Recovery Coaches who are trained in a variety of harm reduction strategies.

Treatment

- Confidential Support from a Navigator, Recovery Coaches, and referrals to treatment and support programs.
- Access to health insurance enrollment and researching which plans take an individual's preferred program.
- Assistance enrolling in a treatment program.

Recovery

- Recovery Coaching from Navigators or other certified members of the community who can provide access to multiple pathways of recovery.
- Access to Medications for OUD including treatments conducive to an occupation with long-periods at sea such as buprenorphine.
- Peer-To-Peer Support.

Trauma and Family Support Programs

- Mental health support, including Psychological First Aid, for members of the community that are dealing with any challenges, including SUD or post-traumatic stress disorder.
- Access to resources and support groups for fishermen and their families.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

3. Commercial fishermen and their families represent a diverse, multicultural population in dire need of support services to ensure their overall behavioral and physical health. The commercial fishing industry is among the most dangerous and deadly in the country with a fatality rate 40x higher than the national average. Additionally, as largely independent workers, commercial fishermen are an underserved worker population who lack access to critical support services that leave them disproportionately uninsured or underinsured and the industry is also characterized by higher-than-average rates of suicide and substance use disorders. In MA, workers in fishery, forestry and agriculture are more likely to die of an opioid overdose than any other worker groups. These industry attributes have led to a public health crisis not just for those who work within the industry, but for their families as well.

Issues surrounding health equity, including behavioral health, continue to present challenges for fishing communities. The industry is also made up of a multicultural population, including people of color and immigrants for whom cultural and language barriers create additional obstacles to accessing essential health services. The COVID-19 pandemic exacerbated the aforementioned issues regarding health equity for our populations of focus. Moreover, the Port of New Bedford, currently ranked the number one fishing port in the country, is characterized by a multi-ethnic and multicultural population; 38% of residents over the age of five speak a language other than English and over 10% identify as Hispanic or Latino. Similarly, Gloucester, MA, the oldest fishing port in the country, has nearly 7% of residents who identify as non-white and 8.4% foreign born persons.

Note: Currently, we use the term "fishermen" to describe workers of any gender because female fish

harvesters have told us that they prefer this term.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

At its core, the FPSS model promotes the ethos, "by the community, for the community." Our holistic, community-based healthcare Navigators work directly within MA fishing communities, working alongside fishermen and their families to inform the development of programming that is desired. Fundamental to the creation and implementation of successful community programming is FPSS's commitment to promoting the accessibility and cultural competency of Navigator staff.

Employing individuals with lived fishing experience, who culturally and linguistically speak the language of fishermen, ensures fishermen feel seen and valued. In a healthcare setting, research has shown that patients are more likely to trust their healthcare provider and collaborate on care when they have providers from similar backgrounds. The same is true of FPSS's model; as part of the communities they serve, FPSS Navigators understand the health inequities faced by fishermen. Navigators tailor outreach to fishermen and meet them where they are, figuratively and literally. In addition to providing translated outreach to increase language accessibility, Navigators are known to meet fishermen, their families, and coastal community members in a variety of out-of-office settings including libraries, the docks, and at community events.

FPSS has found that when members of the fishing community are part of its team, the programs that are developed collaboratively are productive, credible, and sustainable. Credibility is critical when working with the fishing community. A majority of the fishermen who have attended our safety trainings (between 65% and 72% per year) learned about them from a trusted member of the fishing community such as a peer, an FPSS Navigator, or a safety trainer (FPSS safety training evaluation surveys, 2015-2018). The impact of word of mouth cannot be overstated, especially as it relates to the accessibility of programming to support opioid use disorder (OUD), including harm reduction and treatment, prevention, and trauma support services; fishermen are more apt to reach out for support when a fellow peer provides a recommendation.

To address linguistic barriers which exist for many commercial fishermen and their families, FPSS provides materials translated into Spanish, Portuguese, and Italian, common languages spoken within Massachusetts fishing communities. Translated outreach occurs with service flyers, social media videos, a website which may be selected in any of the aforementioned languages, and electronic or in-person support from bilingual Navigators. FPSS maintains a contract with an audio/video translation service, which offers translation in 250 languages, ensuring we can meet the needs of all individuals who request our help.

FPSS also leverages data to drive the evolution of our programs, ensuring they effectively meet targets and cater to the evolving needs of commercial fishing families and coastal community members. Since 2013, FPSS has developed and maintained a Salesforce database, encompassing crucial information such as demographics, health insurance enrollment status, and participation in all FPSS initiatives. Internal monthly meetings serve as a platform to exchange insights, share-back data, address challenges, and showcase innovations from work with fishing industry workers and local communities.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Whenever FPSS employs new outreach strategies, it convenes diverse groups of fishermen and industry leaders to provide input. Outreach strategies undergo continuous evaluation, guided by participant data and community feedback, which informs refinement of strategies and ensures alignment with programmatic targets. This rigorous evaluation process will be maintained for activities proposed within this funding opportunity and FPSS will continue to leverage data-driven insights to assess progress toward program objectives and ensure alignment with our overarching vision.

FPSS is proud of the professional leadership skills exhibited by Navigators, which gives voice and agency to the needs of fishing industry workers. Importantly, one of our Cape and Islands Navigators is on the MA

Board of Community Health Workers and a number of our other Navigators have received recognition for their efforts to improve health equity. Additionally, Navigators, along with members of the FPSS safety training team, have used their own previous commercial fishing experience to adapt FPSS programming in ways that increase relevancy.

FPSS takes pride in facilitating partnerships with trade organizations, other non-profit direct service providers, and government agencies, including local departments of health and the Centers for Disease Control and Prevention. FPSS has demonstrated a long-standing ability to effectively steward external partnerships, which has enhanced our capacity to improve the lives of commercial fishing families and further cements our organization as a well-known, and collaborative service provider within our populations of focus. Collaborations also provide voice to issues faced within fishing communities. For example, in partnering with the New Bedford Opioid Task Force, FPSS changed the narrative surrounding OUD. Instead of being a community of focus due to higher rates of OUD, fishing communities are viewed as an essential partner; empowering fishermen as first responders at sea positively impacts both fishing and broader community overdose prevention goals.

6. What steps has your organization taken to create a more inclusive work environment?

To effectively improve social determinants of health and promote health equity, it is essential that communities of focus feel valued and understood. The underserved fishing communities served by FPSS are those same communities that inform the evolution of all programming. A strategic commitment to lived fishing experience throughout the organization provides the nuanced understanding and community legitimacy necessary to effectively mitigate industry obstacles and develop accessible programming, particularly as it relates to issues as sensitive as OUD and the corresponding trauma experienced by entire families and communities.

At the leadership level, either the President or Executive VP have previous commercial fishing experience. Additionally, Board bylaws require a minimum of three Directors to come from the fishing industry, ensuring that strategic goals remain aligned with the community.

Navigators, with lived fishing experience, are highly trained and speak the language of fishermen; several are also bi-lingual, furthering the ability of FPSS to reach immigrant populations. Three-quarters of Navigator staff are licensed as Community Health Workers (CHW) through the state of Massachusetts. To obtain licensure, Navigators complete 80 hours of training and coursework related to the ten core competencies of CHW's, including public health concepts, care coordination, system navigation, and cultural responsiveness, as well as 4,000 hours of on-the-job experience.

Importantly, FPSS has also created and adopted a Justice, Equity, Diversity, and Inclusivity statement which guides both hiring practices and internal culture, "We are committed to fostering, cultivating, and preserving a culture of justice, equity, diversity, and inclusion through respectful communication and cooperation between all employees; teamwork and employee participation; And permitting the representation of all groups and employee perspectives."

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Over the next three years FPSS will employ a multipronged approach to deepen our impact, build capacity and infrastructure, and increase our visibility and sustainability so that we can further mitigate the impacts of the opioid overdose epidemic in the Massachusetts fishing community.

1. FPSS will Deepen Our Impact through additional community engagement that strengthens our services. Some of the ways we intend to do this include:

- Learning additional ways to overcome stigma and stereotypes, beyond our "first responder messaging," so that we remain culturally responsive, particularly to individuals that we have yet to reach.
- Building partnerships with other community-based organizations that support families working in similar high-risk and hard-to-reach occupational fields identified by the Massachusetts Department of Public Health such as farmers and construction workers.
- Working with the fishing community through a needs assessment to identify additional services we

can provide in prevention, recovery, trauma support and other areas that abate the harms caused by the opioid epidemic. This could include training for fishing community members seeking to be peer workers or recovery coaches.

- Participating in working groups, conferences, and other events that develop best practices, culturally responsive messaging methods, and other resources.

2. FPSS will Build Capacity and Infrastructure through staff training, board development, and technological improvements. Some of the ways we intend to do this include:

- Increasing the capacity of our community health workers through professional training that allows them to conduct OEND training; provide Psychological First Aid and trauma support and serve as recovery coaches.
- Providing training to mid-level managers of our community health workers and recovery coaches so that they have the skills to serve as supervisors and mentors.
- Bringing on additional Board of Directors from the fishing community with lived experience or exposure to the opioid epidemic's catastrophic impact on fishermen and their families.
- Improving our capacity to store and evaluate our data and CHW engagements so we can improve outcomes over time.

3. FPSS will Increase the Visibility and Sustainability of our program by reaching more sub-groups in the fishing and coastal communities. Some of the ways we intend to do this include:

- Increasing the language accessibility of OEND training aids to support multilingual fishing communities. Language barriers present accessibility challenges; to empower fishing communities to be actively engaged as non-traditional first responders capable of mitigating the harm caused by OUD, FP will translate OEND and OUD materials into multiple languages to include (but not limited to) Spanish, Italian, and Portuguese.
- Collaborating with community leaders to identify isolated groups and fishing ports that have not received resources.
- Collaborating with state and federal agencies (e.g., Massachusetts Division of Marine Fisheries and U.S. Coast Guard) to overcome challenges and strengthen efforts that protect lives and encourage all pathways to recovery and harm reduction.
- Promoting success stories that empower the community and encourage solutions to the OUD epidemic.

8. How will the funds help you achieve your goals?

The 2022 MA DPH report on opioid deaths by industry found workers in fishing, forestry, agriculture, and hunting had the highest rates of death by opioid overdose. FPSS founding president J.J. Bartlett shared in NY Times Magazine's The Mayday Call: How One Death at Sea Transformed a Fishing Fleet, "The fishing industry and the relationship to substance use is the story of pain, mental and physical pain, and the lack of access to support." FPSS is committed to expanding activities related to OUD prevention, treatment, and harm reduction. As a predominantly grant funded organization, this multi-year opportunity will provide important financial stability.

While FPSS is proud of its current impact, community demand and data show that additional OUD resources are necessary. FPSS respectfully requests \$150,000 annually to fund new activity goals, including:

- Provide ongoing training to existing and new team members to ensure they are able to conduct FPSS' innovative, culturally competent OEND course, which decreases stigma, while increasing the availability of Naloxone in communities where it is needed most.
- Expand work with trusted public health partners for ongoing training and technical assistance.
- Build capacity for increased collaboration with partners who provide Psychological First Aid, recovery coach, and trauma trainings.
- Provide annual educational opportunities for leadership (including Board of Directors) to strengthen their understanding of OUD, and expand leadership opportunities for members of fishing communities.

- Improve evaluation capacity to use data to implement more effective programmatic improvements, especially to inform outreach in previously unreached communities.
- And translate materials into languages commonly spoken in fishing communities.

The detrimental impacts of OUD in underserved fishing communities have been far too great; FPSS has aligned programmatic goals with an eye toward sustainability to ensure that fishing communities continue to receive the support they deserve at the conclusion of the grant period.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Fishing Partnership Support Servicespdf

Organization's Operating Budget

 FP FY24 Budget.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Gilly's House, Inc.
Organization EIN	[REDACTED]
Annual Operating Budget	414577
Year Incorporated	2018
Organization Address	1022 West Street Wrentham, Massachusetts, 02093
Are you a fiscally-sponsored project?	☒ No
Primary Contact Full Name	[REDACTED]
Primary Contact Email	[REDACTED]
Primary Contact Title	[REDACTED]
Primary Contact Preferred Pronouns	☒ she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name	[REDACTED]
Email	[REDACTED]
Title	[REDACTED]
Preferred Pronouns	☒ she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- **For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.**

Total Requested Amount for Three Years 300000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Statewide

Check the most relevant box along the continuum for your services or activities. Recovery Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

People experiencing homelessness or housing insecurity

People with disabilities (learning, physical, developmental, or other disabilities)

Youth

Families

Veterans

Older adults

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

To provide a safe and supportive residential environment for men on their journey towards sobriety and long-term recovery through a supported, accessible and affordable sober living experience with a range of services tailored to each individual’s needs, with experienced, interested and compassionate staff.

2. Describe the services your organization provides or the activities it engages in?

Gilly’s House, one of only a handful of non-profit sober homes in all of Massachusetts, opened its doors in the spring of 2018 in Wrentham, Massachusetts, providing support and services for men on their journeys to sobriety and long-term recovery. Founded by Barbara and David Gillmeister in dedication to the memory of their beloved son Steven (Gilly) Gillmeister, Gilly’s House boasts a highly trained 24-hour staff, and individualized plans for its residents.

Gilly’s House has benefited over the last several years from a cadre dedicated volunteer commitments from area Eagle Scouts, high school clubs, faith-based groups and a variety of grassroots organizations from throughout the area providing residents with the opportunity for social, educational and vocational

growth. The daily structured schedule reinforces a lifestyle free of substance abuse disorder. Transitional life skills including healthy living, career exploration, personal finance and self-help groups, along with an opportunity for counseling and 12 Step group meetings, are integral to the success of this program. Gilly's House recognizes that each resident's journey and need is varied and works with each to achieve their individual goals and equip them with the personal skills, resolution of outstanding legal issues, job training and subsequent gainful employment to acquire independence, self-reliance and self-respect on their journey towards long-term recovery.

Daily life is a shared responsibility Gilly's House. Residents are responsible for household chores, share communal space and most evenings share a meal before a meeting for those who work traditional daytime hours. Residents participate in community volunteer opportunities and monthly activities.

Recognizing that substance abuse disorder is a family disease, Gilly's House offers programming for family members: Supper with Siblings, dinner with a clinical therapist each month, provides a welcoming and casual space to share experiences. An annual luncheon for mothers who have lost a child is held every fall (covered by generous donors) with nearly 100 women in attendance. Rooms in Gilly's House are sponsored and lovingly furnished and decorated by families who have lost a loved one to substance abuse disorder.

One of several testimonials from past residents:

"...In March 2020, I moved to West Street with two nickels in my pocket and 30 days of unwelcome sobriety – I had no idea what to expect! I had lost everything that was good and still was unsure I cared about anything other than where I'd find my next drink. I knew if something didn't change, I'd be left alone on the streets, in a jail cell, or.... Gilly's House is exactly what I needed to regain some control and take back my life. I learned it's possible to be happy and stay sober at the same time. I will never forget the love and support I received. Gilly's House saves lives and I know that everyone and their families is thankful for that. The journey will never be over. I know I never want to go back to where I was, and Gilly's House gave me a chance to be the best version of myself."

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Gilly's House is open to men who earnestly seek long-term recovery from substance abuse disorder. While many of its residents have been young men, it has provided residential services to older men including veterans, formerly incarcerated, and those coming out of detox with nowhere to call home. Since 2018, Gilly's House has served nearly 200 men from 70 towns and cities within the Commonwealth of Massachusetts.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Gilly's House has an established outreach program (that it intends to grow with funding) to detox and transitional programs offering residential opportunities when it has space available in its twenty-one bed residence. It is fortunate to have members of the Wrentham District Court on its board, a former probation officer, as well as excellent working relationships with police departments in surrounding communities, and substance abuse disorder support groups (Learn to Cope, SAFE) from throughout the area casting a wide net for its program to a diverse group of males from all backgrounds who are earnest on working on their long-term recovery.

Additionally, every staff member is in long-term recovery and brings first-hand knowledge and hard-won success to each resident with whom they work.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

Gilly's House prides itself on developing strong interpersonal relationships with its residents that encourages open communication and feedback. For example, with the warmer weather, a resident discussed his enjoyment for grilling. Donations of foods to be barbecued, outdoor furniture and a firepit

were solicited and men gather regularly to prepare dinner and enjoy a meal together.

Some residents have expressed a desire for additional outside group activities, and it is a funding goal identified within this proposal to provide more fun, sober opportunities.

There is a bi-monthly mandatory house meeting for residents to come together with staff, address concerns, acknowledge successes and share support and experiences.

Additionally, the Gillmeisters are hands-on managers and establish a strong connection with Gilly's House residents. They seek information and feedback about the program - what works and what doesn't - regularly.

6. What steps has your organization taken to create a more inclusive work environment?

Through this funding, Gilly's House will hire a full-time house Director who, among other important responsibilities, will focus on team training and team building, workshops with professionals to inform and train staff in critical areas including conflict resolution, new employee training, mentoring, time management, cultural competency, unconscious bias and communication.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Hire a full-time house director.

Currently, the Gillmeisters (founders), Barbara (who holds a full-time job as an educator for the visually impaired) and David, provide management of Gilly's House and day-to-day operations. The addition of a full-time house director would bring sober house management acumen and new, successful ideas and strategies to strengthen the program and experience for its residents.

Upgrade technology

Currently operating on minimal and outdated equipment, Gilly's House is in need of new technology to streamline and improve internal processes including new desktops for both residents and staff use, updated software, firewalls and security. There are a variety of programs available that would allow for easier collection, tracking and analysis of critical data points and financial information necessary for internal records as well as grant and funders' reporting.

Professional development

Gilly's House would benefit enormously from the ability to offer professional and updated workshops and skill building development for its staff. This capacity would enhance the experience for the success of residents while offering the benefit of staff motivation and longevity.

Enhanced resident programming

Adjusting and learning from a new life of sobriety, work and responsibility deserves an opportunity for new fun experiences that aren't offered solely by volunteers. Gilly's House seeks to offer a planned monthly outing for its residents that would provide a new experience, comradery and the chance to experience that social opportunities can be fun without the use of drugs and alcohol.

Additionally, Gilly's House will offer enhanced life skill classes including cooking and nutrition, credit repair, basic financing and budgeting and planning for retirement.

Outreach & additional family programs

Gilly's House seeks funding to expand its outreach programs to reach more diverse groups to offer an unusual residential sober house in a bucolic rural setting close to nature yet accessible to major highways to expand opportunity to gainful employment.

Based on the overwhelming success of our family programming, Gilly's House wants to explore and initiate additional programming for the wellbeing of parents, siblings, families and friends to regain healthy connections, trust and hope.

8. How will the funds help you achieve your goals?

The award of these funds for operations will allow Gilly's House to use its fundraising dollars for necessary and pressing capital needs including 2 boilers and flooring throughout the house.

Built in Built in 1849, Gilly's House was originally a private residence, followed by a nursing home. When purchased by the Gillmeisters, it had been empty for more than seventeen years and in need of significant repair. Through robust fundraising efforts, business discounts and generous private donations, and the sweat equity of hundreds of volunteers, the house was made viable, with each resident room lovingly renovated and furnished by a family who had lost a loved one to substance abuse disorder. While major work has happened from necessity including a partial heating system, septic system, windows throughout, electrical and plumbing updates, security system and refurbished kitchen, much capital work remains to continue to serve hundreds of men over the next several years.

Since its inception, Gilly's House has relied on the generosity of individual, organizational and corporate donors. We are very excited about the unique opportunity RIZE Massachusetts presents through the Mosaic Opioid Recovery Partnership to build a stronger and healthier infrastructure while able to help more men on their journeys to long-term recovery and strong physical, mental and emotional health.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 33_Gillys House Yearly Financials thr... .xlsx

Organization's Operating Budget

 Gillys House Yearly Financials thru FY... .xlsx



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Gosnold Behavioral Health
Organization EIN	[REDACTED]
Year Incorporated	1982
Organization Address	200 Ter Heun Dr Falmouth, Massachusetts, 02540
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	[REDACTED]
Primary Contact Email	[REDACTED]
Primary Contact Title	[REDACTED]
Primary Contact Preferred Pronouns	she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name	[REDACTED]
Email	[REDACTED]
Title	[REDACTED]
Preferred Pronouns	she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

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- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 150000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 5: Southeast

Check the most relevant box along the continuum for your services or activities. Treatment

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

People who are currently or formerly incarcerated

Families Veterans

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Gosnold's mission is to to excel in addiction and mental health treatment, to serve individuals and families affected by these illnesses, and to promote lasting recovery.

2. Describe the services your organization provides or the activities it engages in?

Gosnold was founded in 1972 as the Cape Cod Alcoholism Intervention and Rehabilitation Unit to address the high rate of alcoholism in the Cape Cod community. Over the past five decades, Gosnold has grown into a regional center for behavioral health and addiction treatment serving individuals and families throughout the Commonwealth, the New England region as well as nationwide.

Each year we care for over 8,000 individuals in our comprehensive continuum of care for behavioral health and substance use disorders.

Gosnold's programs include:

- Substance Use Services
- Acute Treatment (Medical Detox)
 - Clinical Stabilization (Short-term Rehabilitation)
 - Day Treatment
 - Intensive Outpatient Program
 - Veteran's Program
 - Sober Living
 - Recovery Coaching

- Outpatient Therapy
- Massachusetts Impaired Driving (MID)
- Structured Outpatient Addiction Program (SOAP)
- Second Offender Aftercare
- Family Therapy
- Medication Management
- Medication Assisted Treatment

Mental Health Services

- Day Treatment
- Intensive Outpatient Program
- Veteran's Program
- Outpatient Therapy
- Anger Management

Community-Based Programs

- School-based Services for Youth
- Overdose Outreach and Prevention
- Emergency Room Navigation
- Behavioral Health Support for Justice Involved
- Community Support Program (CSP)
- CSP for the Justice Involved
- CSP for the Homeless

Outreach & Education

- Intervention Services
- Workplace and EAP Education Programs
- Community Education Programs
- Speakers Bureau
- Family Support Groups

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

Gosnold's comprehensive care continuum offers a wide range of treatment options. We emphasize serving specific priority populations, including veterans, families, individuals currently or previously incarcerated, and those with experiences of substance misuse and recovery.

Our Veterans program is PsychArmor certified and is designed to meet the unique needs of our veterans. The program includes a Partial Hospitalization Program (PHP) designed to address trauma, anxiety, and substance use, featuring a multidisciplinary team, including licensed veteran clinicians and specialists in EMDR and CPT.

Gosnold's Behavioral Health Supports for Justice Involved Individuals (BH-JI) Program provides direct support to those currently incarcerated or on probation/parole with behavioral health or substance use disorders. This voluntary program partners with justice entities and focuses on recovery, wellness, and independent living, aiding individuals in re-entering the community safely. BHJI saw a 63% increase in enrollments in 2023, highlighting our impactful outreach and support.

Gosnold provides School-Based Services where our clinicians provide mental health and substance use counseling to students in 30 schools across Southeastern Massachusetts.

Gosnold offers education, intervention, and support for families through weekly family education and support groups are available at no cost. Family support was provided over 2,500 times in 2023.

Gosnold's Police Department Overdose Intervention Program collaborates with local police departments to assist overdose victims and their families following non-fatal overdose events. This program is unfunded and free to access, ensuring that everyone in need receives support regardless of their financial situation.

Approximately 76% of our patients complete inpatient care, a testament to our effective treatment programs. We integrate innovative treatment methods, including holistic care such as acupuncture and Evidence-Based Interventions (EDI), to provide comprehensive support for our patients. Notably, 90% of patients surveyed would recommend a Gosnold facility, reflecting our dedication to high-quality, patient-centered care.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

Gosnold is committed to ensuring that all its facilities, programs and activities are accessible to all individuals.

In turn, Gosnold provides an environment that fosters a health care environment that is free from unlawful harassment and discrimination in accordance with federal, state and local law and one where patients are treated with equality, in a welcoming and respectful manner. Gosnold provides equal access to health care services to all patients.

Gosnold prohibits discrimination against its patients based on race, color, religion, sex (including pregnancy), sexual orientation, gender identity, genetic information, national origin, age, disability, marital status, familial status or other protected classification

Gosnold values the diversity of its job candidates, staff, board, and volunteers. It rejects any form of harassment, discrimination, retaliation, or oppression. We encourage and require respectful communication and cooperation. Our organization is dedicated to sustaining and promoting diversity with respect to recruitment, hiring, placement, promotion, training, provision of compensation and benefits, management of organizational activities and general treatment during employment

Gosnold's treatment philosophy and organizational values include a commitment to respect the dignity of the individuals we serve and a belief that treatment is best accomplished with the involvement of the patient and others significant in his/her life.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

At Gosnold, we prioritize ensuring that the voices of the people we serve inform our programs and services. Upon discharge from all programs, we offer anonymous patient feedback surveys. These surveys allow patients to provide honest and constructive feedback about their experiences, which we use to continuously improve our services. We maintain a patient advocacy line where patients, their families, significant others, or guardians can provide feedback or file complaints anonymously. We believe it is crucial for those we serve to have a direct line of communication to express their concerns about care or treatment at Gosnold. Gosnold has a designated staff member who serves as the patient advocate. This individual is responsible for addressing feedback and complaints, ensuring that each concern is handled with the utmost care and attention. All programs have patient advocacy information posted in visible places, detailing how to provide feedback or file complaints. This information also includes options for contacting our state and federal licensing agencies, ensuring that patients understand their rights and have multiple avenues to voice their concerns. By incorporating these feedback mechanisms, we ensure that the perspectives and experiences of our patients and their families play a central role in shaping and improving our programs and services. We are committed to creating a responsive and patient-centered environment where all voices are heard and valued.

6. What steps has your organization taken to create a more inclusive work environment?

At Gosnold, we are deeply committed to fostering an inclusive work environment where every individual is valued and respected. Gosnold actively seeks and incorporates staff feedback. We conduct annual staff satisfaction surveys and consistently solicit input from our team to identify areas for improvement and to celebrate our successes. Regular staff meetings, individual supervisions, and organization-wide meetings ensure that information is effectively communicated and that all team members are aligned with our goals and values. By maintaining open lines of communication and providing multiple platforms for staff to

voice their opinions, we ensure that our work environment remains dynamic, responsive, and inclusive. Gosnold participates in initiatives and policies that ensure equal employment and advancement opportunities for all based on merit, qualifications, and abilities. We do not discriminate in employment opportunities or practices based on legally recognized characteristics or protected status. This policy governs all aspects of employment, including recruitment, promotions, transfers, job assignments, compensation, benefits, training, educational assistance, and termination.

In addition to our commitment to providing equal employment opportunities, we have established an affirmative action program to promote opportunities for individuals in certain protected classes throughout the organization. This program, overseen by the Head of Human Resources, is documented in our Affirmative Action Plan, which is available at our Corporate Office.

We maintain a strict policy against harassment. This policy extends to all individuals involved in our operations, including employees, supervisors, managers, vendors, customers, independent contractors, and other external parties. We ensure that all complaints are addressed promptly and thoroughly, with disciplinary action taken against anyone found engaging in unlawful behavior.

We value the diversity of our job candidates, staff, board, and volunteers. Our organization promotes respectful communication and cooperation among all team members and is dedicated to enhancing diversity in all aspects of our operations.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

1. Strengthen Gosnold's presence on local, state, and national levels by investing in quality programming, integrating evidence-based practices across our full-service continuum, and communicate outcomes to patients, families, communities, and other influencing stakeholders.

2. Fortify the agency with a robust range of innovative and clinical services to meet patient and community needs. As we strengthen organizational quality, foster data-driven decision-making, and further integrate evidence-based practices, we will solidify Gosnold's premiere clinical position in behavioral healthcare

3. Continue to lead the way as "Employer of Choice" by investing in Gosnold employees and building an informed, cohesive and collaborative organizational culture. Investing in our workforce, Gosnold will attract and retain the best talent to ensure that our patients receive the very best in treatment and support.

4. Strengthen community partnerships by developing a strategic community alliance to address barriers to treatment.

8. How will the funds help you achieve your goals?

The funding provided by the Mosaic Opioid Recovery Partnership represents a significant opportunity for Gosnold to expand its services and reach underserved communities that have been heavily impacted by the opioid epidemic. Gosnold can utilize the funding to bolster its community-based programs, particularly those aimed at overdose outreach and prevention, emergency room navigation, and behavioral health support for justice-involved individuals. These programs are essential for reaching underserved populations who may not have easy access to traditional treatment facilities.

By securing these funds, Gosnold will be able to increase the capacity and reach of its programs to provide more robust services to a larger number of individuals in a more expansive geography. Gosnold will be able to more effectively hire and train staff and participate in bringing more professionals into the field.

Gosnold can allocate a portion of the funding to develop robust measurement and evaluation frameworks to assess the effectiveness of these expanded programs. This will ensure that the programs meet their objectives and provide real benefits to their communities.

By leveraging the Mosaic Opioid Recovery Partnership funds in these ways, Gosnold can significantly enhance its capacity to serve underserved communities and populations, providing culturally responsive, community-led care that addresses the complex needs of those affected by the opioid epidemic.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Gosnold Inc. - Financial Statements.pdf

Organization's Operating Budget

 fy_24_high_level_budget.xlsx



Thursday, June 13, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose

for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization

Health Story Collaborative

Organization EIN

[REDACTED]

Year Incorporated

2013

Organization Address

105 Coolidge Hill
Cambridge, Massachusetts, 02138

Are you a fiscally-sponsored project?

No

Primary Contact Full Name

[REDACTED]

Primary Contact Email

[REDACTED]

Primary Contact Title

[REDACTED]

Primary Contact Preferred Pronouns

she/her/hers

If different from above, provide the name of the person who should receive grant-related communications below.

Full Name

[REDACTED]

Email

[REDACTED]

Title

[REDACTED]

Preferred Pronouns

she/her/hers

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 90000

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Multiple regions (but not statewide)

Check the most relevant box along the continuum for your services or activities. Trauma, Grief, and Family Supports

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People experiencing homelessness or housing insecurity

Black, Indigenous, and other People of Color (BIPOC)

People with limited English proficiency

Youth

Families

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Through its groundbreaking work, The Opioid Project provides a safe place for those affected by the opioid epidemic to explore and process their experiences. Using artmaking and storytelling, and in collaboration with community partners, we strive to decrease stigma and promote positive social change through dialogue, education, and advocacy.

2. Describe the services your organization provides or the activities it engages in?

"The Opioid Project: Changing Perceptions through Art and Storytelling" (The Opioid Project) is an innovative community-based workshop and public art exhibition designed to support those personally touched by opioid use disorder (OUD), to promote community education and dialogue about stigma and to shed light on the visible and invisible costs of the epidemic. The Opioid Project, one of Health Story Collaborative’s (HSC) central programs, is a collaboration between physician and HSC founder, Annie Brewster, and visual artist and public health activist, Nancy Marks.

The Opioid Project’s model centers on partnering with community organizations to identify local workshop participants—those in recovery, individuals who have lost a loved one to OUD, first-responders and frontline workers– and then to disseminate the created art and audio stories and to host on-going

conversations. Community partners are the drivers of combating stigma.

The Opioid Project consists of a 4-hour workshop where participants process their personal experiences with OUD by creating collages and sharing stories. These stories are audio recorded, and, together with the art, contextualize and bring to life the human costs of the epidemic. Finished work is hung as a multimedia art exhibition, where visitors can hear participants speak about their experience while visually taking in the art. Partners lead dialogues about the impact of OUD on the community.

The goal of The Opioid Project is to increase public understanding, decrease stigma and support advocacy efforts around addiction. Exposure to the art and messaging cannot be overstated: beautiful visuals make people take notice and the voices make the stories come alive, creating a unique and impactful experience. Among our evaluation comments:

"This show and what you are doing is poignant, powerful, painful, and gorgeous." - S.K. (exhibition audience member)

"I witnessed the powerful healing impact of The Opioid Project on patients, family members, and therapists. Communities appreciate the opportunity for candid self-expression and a safe space to share personal journeys, and amidst a rising need for attention to preventing opioid-related deaths, The Opioid Project is serving an important community care gap." - Hilary S. Connery, MD, PhD, Clinical Director, Division of Alcohol, Drugs, and Addiction, McLean Hospital, Assistant Professor of Psychiatry, Harvard Medical School

From the inception of The Opioid Project, the co-founders knew the urgency of reaching out to communities hardest hit by the crisis. Initially, they worked with the Boston Mayor's Office of Recovery Services to create a show that hung in Boston City Hall in 2017. Since then, The Opioid Project has impacted hundreds of individuals: from leading workshops with community partners to capturing the public's experiences at HUBweek in Boston, to speaking at galleries, universities, medical schools and neighborhood events.

Partners such as Natick SOAR, Framingham FORCE, McLean Hospital, and the City of Fairbanks, Alaska, have used the art and stories created in workshops to educate community members in their catchment areas, call for increased treatment dollars, highlight the loss of life due to overdose, and honor those on the frontlines of the epidemic.

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

The Opioid Project facilitates workshops directly with People With Lived or Living Experience (PWLLE) with substance misuse or recovery. We seek to highlight the epidemic using a 360 degree framework that highlights the different perspectives of individuals affected by OUD. We include caregivers, frontline workers, and loved ones as people with "lived experience". In this way, 100% of workshop participants fit into this category.

The Opioid Project has deepened its understanding that stigma is not 'one size fits all' and that adding the layers of race and ethnicity results in racial stigma, referring to how people of diverse backgrounds are unfairly perceived and treated in many visible and invisible ways. The combined impact is core to why we are working hard to bring The Opioid Project to underserved communities. One such example is our partnership with the EASTIE Coalition (East Boston), Charlestown Coalition and South End Youth group, which brought in a diverse group of 70 youth, primarily from the BIPOC community, to the ICA Watershed to engage with The Opioid Project's art and audio and then to create their own artwork in response to the stories they heard.

In addition, The Opioid Project is looking to expand its reach to both the LGBTQ+ and homeless communities. We are currently in dialogue with Boston Healthcare for the Homeless to provide programming to individuals experiencing homelessness and living with substance use disorder (SUD), as well as the providers that care for them. If awarded this grant, The Opioid Project would also seek out partners to facilitate programming with typically marginalized individuals such as those in the LGBTQ+ and BIPOC communities, and people with limited English.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

HSC is committed to ensuring that our programs and services are accessible to diverse communities, including those with disabilities, language barriers, or other marginalized identities. While we recognize the tremendous need in this area, as a small grassroots organization our efforts to include diverse communities have been limited to date because of lack of funding and staff time. We need and want to do better.

One of the primary ways we endeavor to ensure accessibility is by partnering with grassroots community organizations and local public health offices who know their communities best so we can provide accommodations and support as needed in order to promote inclusivity. For example, in Fairbanks, Alaska we worked with an Alaskan Native contact through the Fairbanks Public Health Department with deep relationships in the Native community to create a welcoming and culturally sensitive workshop.

Closer to home, we have worked with a diverse group of teens through our East Boston and Charlestown workshops in which 85% identify as Latino and/or African American. In terms of diversity of participants with lived experience: approximately 50% of participants had lost a loved one to overdose, 30% had survived an overdose, and 20% were frontline workers/first responders. Additionally, over 30% of individuals who have directly engaged with The Opioid Project were under 21 years of age.

We recognize that there are many individuals affected by OUD who are not English speakers. HSC has program staff who are proficient in English, French and Spanish. At our recent workshop in East Boston, we had a translator present for the entirety of the workshop, to make sure it was accessible to all present, and one of the youth participants shared his story in Spanish. If awarded this grant, we would allocate some funds to contract with additional translators and interpreters as needed.

HSC strives to make our programming accessible to a wide range of individuals by seeking out diverse partners working with populations who have typically not had easy access to services. Some examples of these partners include the Spinal Cord Injury Association of Greater Boston and The Boston Home, a community for individuals with advanced neurologic disorders.

With every new partner and community with which we work we always begin with an open dialogue to co-design and tailor our programming to meet the needs of all community members. Building organizational capacity will help to further expand our reach.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

We are committed to elevating the voices of those we serve and strive to actively engage participants in program development in order to make our program offerings culturally appropriate and accessible. One way we do this is by partnering with local community organizations where we are able to engage with a variety of stakeholders, including community members and beneficiaries. For example, in our recent partnership with the EASTIE Coalition, we conducted focus groups with youth to aid in the project curriculum design, which we will use in other sites in the future.

We also want to ensure that our program beneficiaries are represented within our organization. To this end, we currently have an HSC program beneficiary on our board and have the goal of adding two new board members within the grant period who have experience with SUD.

At the conclusion of our programs, we conduct surveys to solicit input and feedback from the beneficiaries, as well as request feedback from our community partners. This information is analyzed on an ongoing basis and is used to improve our programs and services and better meet the needs of those we serve. For example, we have learned from past workshops about the complexities inherent in combining different groups of individuals affected by the opioid crisis (e.g., individuals in recovery and those who are grieving a loss) and have adjusted our practices accordingly. We also actively engage with our community members on social media and monitor their input and feedback through those communication channels.

At our core, we are an organization dedicated to collecting and elevating the voices of those that are often overlooked.

6. What steps has your organization taken to create a more inclusive work environment?

HSC is committed to diversity and inclusivity both in our programming and our work environment. We are actively working to diversify leadership positions within the organization, starting with our board of directors. Our most recent board member is from the BIPOC community and currently serves as Board Treasurer. As mentioned below, our goal for the next three years is to expand our board with at least two of the four new members coming from typically marginalized communities.

Our strategic plan includes an objective to ensure diverse representation both in our board of directors and in our hiring processes, including increased efforts to identify and hire candidates from underrepresented groups. In addition, we conduct regular reviews of compensation and benefits to ensure fairness and equity across all employees, regardless of gender, race, ethnicity, or other demographics. We also promote inclusivity through flexible work arrangements, and a zero-tolerance policy for discrimination and harassment.

In addition, we acknowledge that we need to offer DEI training on an ongoing basis to our staff, board members, and volunteers. This will be a priority moving forward, essential to our growth as an organization.

If awarded this grant, The Opioid Project will be able to hire two contract workers, at least one of which will be a person of color. This person will help with community engagement, as well as bringing their expertise with audio editing or visual arts.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

Goal 1: Increase staff time and capacity in order to expand The Opioid Project's reach into three marginalized Massachusetts communities hardest hit by OUD.

In order to achieve this goal, we will conduct the following activities by the end of year one:

- Increase the hours of the Operations Director to allow more time for project management and evaluation
- Increase the hours of the project co-founders to expand on partnership development in marginalized communities and establish sites for future art/audio storytelling workshops
- Identify and train an audio editing contract worker to assist with the recording and compilation of audio stories
- Identify and train an artist assistant to help in community-based workshops and prepare the artwork for exhibitions

At least one of these two contract positions will be filled with a person of color so they can bring their knowledge and lived experience to our community-based work.

Goal 2: Expand our board to include at least four new members in the next three years, with at least two who have been directly affected by SUD and two that are from typically underrepresented communities.

Expanding HSC's board is critical for the organization's stability and sustainability, and including both program beneficiaries and individuals from typically underrepresented groups in this leadership role is essential to ensuring our work stays grounded and benefits those most in need.

Goal 3: Develop partnerships with typically marginalized communities that are most affected by OUD, including Boston, Lynn, Worcester and/or Lawrence.

These cities and towns were chosen because of their notable increase in opioid-related overdose deaths in 2022 compared with 2021. In year one of the grant, we will expand partnership development, specifically in communities of color within these communities. By the end of year three, the Opioid Project

will have established community partnerships with at least three non-profit or municipal offices and will have led a workshop in three of these communities. The communities will then use the artwork from the workshop in an exhibition to promote dialogue around stigma and the needs of the community with regard to OUD.

Goal 4: Improve access to and leverage existing Opioid Project content to decrease stigma in the hardest hit communities in Massachusetts.

Since 2017, the Opioid Project has worked with communities and collected over 70 art/stories, which we share publicly on the HSC website. This content can be used to create meaningful dialogue around a host of issues, such as struggles with addiction, the complexities of being a frontline worker, caring for or loving someone with SUD, etc. We plan to improve access to and leverage this content by:

- Publicizing our website and its stories in the communities in which we work and increasing page views of our Opioid Project landing page by 25% by the end of year two.
- Upgrading HSC’s traveling show of The Opioid Project art so that we can hang exhibitions and facilitate community dialogue in three hard hit communities by the end of the grant period.

8. How will the funds help you achieve your goals?

In order to achieve our goals and ensure the sustainability of The Opioid Project, we need to increase our staff’s time and capacity. Therefore, the funds will be used to cover a portion of the salaries of The Opioid Project’s staff, including the co-founders, Annie Brewster and Nancy Marks. These funds will enable them to dedicate more time to partnership development and community engagement, ensuring that our programs are reaching the communities and individuals most affected by the opioid crisis.

A portion of the funds will also be used to increase the hours of HSC’s Operations Director. This will allow her to focus on board expansion efforts with new board member outreach and onboarding, as well as on program development and evaluation. Specifically, she will dedicate time to evaluation activities such as survey development and analysis, to ensure The Opioid Project is meeting the needs of those it serves.

Additionally, some of the funds will be used to hire contract staff on an as needed basis. This will include training and hiring an audio editor to assist with the compilation of the audio stories and an artist assistant to help with the creation and compilation of the artwork and exhibition hanging. We will also allocate some funds to contract with translators and interpreters as needed to ensure our programs are available to all, regardless of language spoken.

By the third year of the grant, funding will also be used to subsidize the cost of setting up art exhibitions and facilitating presentations in the hardest hit communities, who often do not have the funds available to support these types of interventions.

Even though we recognize what needs to be done, our efforts to include diverse communities have been limited to date due to lack of funding.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 Health Story Collaborative 2023 P&L.pdf

Organization's Operating Budget

 2024 HSC Budget_ext.pdf



Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Community-based Opioid Response Efforts (CORE) Grant Application

Grant Purpose for general operating support

Organization & Contact Information

Please provide your organization and contact information below.

Name of Organization	Hilltown Youth Recovery Theatre
Organization EIN	
Year Incorporated	2020
Organization Address	18 Jacobs Road Charlemont, Massachusetts, 01346
Are you a fiscally-sponsored project?	No
Primary Contact Full Name	
Primary Contact Email	
Primary Contact Title	
Primary Contact Preferred Pronouns	he/him/his

If different from above, provide the name of the person who should receive grant-related communications below.

Application Questions

Please submit your total requested amount for three years in the field below and follow these guidelines:

- Organizations with budgets of \$250,000 or less may request up to \$50,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets between \$250,000 and \$1 million may request up to \$100,000 per year or 30% of their annual operating budget, whichever is less, for three years.
- Organizations with budgets ranging from \$1 to \$5 million may request up to \$150,000 for three years.
- For example, if your budget is \$150,000, you can request \$45,000 a year for three years which equals \$135,000.

Total Requested Amount for Three Years 100000.00

Please refer to [this link](#) for region definitions and select one for the following question.

In which region of the Commonwealth are the cities/towns you serve located? Region 1: Western MA

Check the most relevant box along the continuum for your services or activities. Treatment

Check the Priority Population(s) you serve or aim to serve (select all that apply).

People With Lived or Living Experience (PWLLE) with substance misuse and/or recovery

LGBTQ+ identified

People with disabilities (learning, physical, developmental, or other disabilities)

Black, Indigenous, and other People of Color (BIPOC)

Youth Families

I. This section provides the opportunity to explain your organization’s work and who you serve.

1. What is your mission statement?

Founded in 2010 by Jonathan Diamond, MSW, Ph.D., Hilltown Youth Recovery Theatre is a year-round after-school program and summer camp offering intensive leadership training and skill building to underserved, at-risk rural youth overcoming addiction, trauma, anxiety, depression and other behavioral health challenges.

2. Describe the services your organization provides or the activities it engages in?

“It never ceases to amaze me how a dozen people, all with messy lives and loads of luggage, have the ability to create the most calming and therapeutic environment for one another. We had the whole building to ourselves, only lit by a total of four lanterns. I was so worry free I lost the concept of time. My only focus was breathing to the music and matching my body movements to everybody else’s.” (age 16)

Our innovative strength-based, holistic model utilizes trauma-informed, evidence-based best practices that include family and social supports so important to this age group. Examples include: meditation, art, music and yoga to release somatic symptoms of trauma from the body. Writing and journaling helps "authors" discover "unique outcomes" when they were able to resist addiction's plans for them. To "externalize the problem" so the person sees themselves as being up against a problem rather than them

being the problem. (J. Diamond, Narrative Means to Sober Ends: Treating Addiction And Its Aftermath.) Equine Assisted Therapy, circus (trapeze, aerial fabrics) and nature-based therapies (whitewater rafting, zip-lining, rock climbing, hiking, gardening) rewire and rebalance the nervous system and cultivate a sense of calm and safety in the body.

All our Recovery Intensives begin with a lantern light training. The trainings are intergenerational. Often whole families attend. They run from 8 to midnight because these hours are when young brains and nervous systems experience cravings, panic and impulses to self-harm or run. Afterwards, we write by candlelight. Prompts, include: endings anxiety, 'goodbye letters to addiction' (cutting, bingeing, purging), suicide, mothers, fathers, joy, self-love and forgiveness. The writing practices we employ help participants bind and repair past traumas.

Said another participant, "It's strange but it's the best therapy I've had in my whole life compared to sitting on a couch with my muscles tense and ready to bolt out of the room at any second." (Greenfield Recorder, "Hilltown Youth Recovery Theatre teaches arts-based healing practice" 8/20/21)

Difficulties with the regulation of mood, thought, anxiety, and social interactions are most likely to arise during the teens and early twenties. Rather than seeing these years as a period of immaturity or dysfunction, we view them—the creative explorations, risk and novelty seeking—as a strength to be harnessed. We are redefining clinical approaches to substance misuse and adolescent mental health: 1) Addiction is not pathology, it's human nature; 2) Honor the relationship with your addiction, especially its positive, self-preserving elements. Whether it's to self-medicate, avoid intimacy or experience feelings of power, safety and connection, people use substances for good reasons. One of our youth described it this way, "The best idea I ever had in the world was to get clean. The second-best idea I ever had was to get high"; 3) It's a rare young person who doesn't dance around more than one addiction or substitute one for another. For girls that path often winds around drugs and alcohol and heads straight for food. All adolescent work is "harm reduction" and "dual diagnosis."

3. Thank you for checking off the priority population box above. Please provide more details on your priority population, and if you have numbers, include them here.

"I come from a family of addicts. My father is a full-blown heroin addict and rageoholic. When I was 12 my mother died from alcoholism. After her death, my caseworker sent me to rehab for my own substance abuse issues. I only lasted a week. My school told me about the Recovery Theatre. I was 17 when I joined. I'm 5 years sober now. The Recovery Theatre was the one constant in my life. It was about proving I could finish something. It spoke to the healthy parts of me. The first time I flew on the trapeze I was terrified. You have to have faith these people will catch you and keep you safe. It requires a lot of trust. Afterwards I knew I wanted to be part of this healthy group. My favorite part is the falling. It's the feeling of release and adrenaline rush you get when you let go of the bar. I didn't feel like getting high when I was at the rig."—
[REDACTED], alum

Hilltown Youth serves approximately 200 youth, families and professionals per year. While our target population is at-risk rural teens, a growing number of LGBTQ and BIPOC youth find sanctuary in our programs. Marginalized groups are particularly vulnerable to addiction and the mental health challenges that drive them. Wrote one youth leader:

"I found my home in the Recovery Theatre. I was struggling with depression and self-harm. Hilltown Youth changed theater for me. They use their artistic platform to exceed social norms. As a nonbinary person of color, I learned how to be in my body without shame or guilt."

As our ensemble of activists and community creators has grown, we have started to attract other marginalized groups—e.g., neurodivergent youth and young people struggling with physical and development disabilities.

II. We'd like to learn how your organization incorporates diversity, equity, and inclusion principles into its work.

4. How does your organization ensure its programs and services are accessible and equitable to all community members?

"The Hilltown Youth Recovery Theatre is a unique space where teens struggling with addiction and mental

health issues are valued as artists, not patients. Part of its strength lays in the fact that it is not a clinic, agency or hospital; it is a theatre-based intervention, which offers young people access to networks of safety and unconditional peer support. Nothing else exists like this in our underserved 30-town rural region. And, frankly, we haven't seen anything else like it in New England and I'm tempted to say the country. Franklin County was in the middle of a statewide opioid epidemic when the global pandemic struck. [REDACTED] and his team have been virtual first responders on behalf of our marginalized youth, many who found themselves cutoff and isolated in unsafe homes."—[REDACTED], former state representative Franklin 1st, Co-Chair Opioid Task Force of Franklin County

In addition to serving youth of diverse backgrounds, lived experiences, and gender identities, we are committed to making our programs accessible to people of all abilities. In April, we hosted our first Recovery Intensive for young people with developmental and intellectual disabilities who are at a much higher risk for substance use disorders compared to their peers. In 2022, with the help of a \$50,000 grant from our District Attorney, we opened a second office in Northampton to bring our programs closer to our families and new participants from low income neighborhoods in Hampshire and Hampden Counties.

Other ways we ensure our programs and services are accessible to all stakeholders is by offering trainings to programs like the Recover Project, which provides peer-to-peer support to residents of Franklin County and Twice-As-Smart, a Greenfield-based nonprofit working with refugee children. Twice As Smart helps children catch up in math, English and cope with social problems (e.g., poverty, addiction) and racist backlash in their schools. During the training several of their young people inquired about registering for our summer programs. The most enthusiastic—an amazing 12-year-old aspiring gymnast from Africa—asked how much the program cost? When we answered it was free his smile lit up the room and melted our hearts. During the pandemic Hilltown Youth became a pay-what-you can program. And we're not going back.

Through these and our partnerships with area schools, the MA Department of Public Health Bureau of Substance Abuse Services, the Northwestern District Attorney's Office, the AGO, the Community Foundation of Western MA, the Mass Cultural Council, Greenfield Community College, former Double Edge Theatre Artistic Director [REDACTED], Holyoke-based Jamaican born visual artist [REDACTED], Boston Children's Hospital's Digital Wellness Program Director [REDACTED] and other luminaries in the social justice and performing arts communities and by introducing leadership programs, fellowships and internships we are exposing these young artists to what can come next. Opportunities that help them see the world beyond the hilltowns of Western MA while remaining rooted here. Through healing we're showing that there is a local, national and global perspective on whom you can heal into and what you can become.

5. How does your organization ensure that the voices of the people you serve inform programs and services?

"What Hilltown Youth is doing is treating the youngest people in this rural community as emerging artists; and treating them as future activists, actors and activators, as future citizens and future leaders. And the work has a direct impact on all facets of this community. It's social. It's economic. And I'd even say it's spiritual. And I can say I've seen this first hand over the years. The core sense of what's possible in this hilltown community has changed at a fundamental level."—[REDACTED], former Executive Director Double Edge Theatre; Advisor, Community Foundation of Western MA.

Our programs are youth-led, not staff driven. Our student-faculty write, create, produce and staff our winter and summer spectacles, lead our recovery intensives, engage in outreach in the schools and hospitals, offer peer support and serve on our board. Their voices are everywhere. HS students have the opportunity to join our YouthCorps program and college-aged participants can apply for internships. By creating meaningful summer jobs and year-round employment we're teaching our youth that building community and creating art is a crucial way of contributing to the health, wellness and economic vitality of their towns. In 2023, we spent over \$50,000 on 19 youth to staff our programs. Our first program director was a 25-year-old with the ensemble since he was fifteen. As board members and administrators these emerging leaders shape our mission, values and vision.

Employing youth is part of our mission. Gifting young people in recovery performing arts experiences, even life altering ones, is not enough. They require jobs, safe housing, and reliable transportation. In 2022 we received a \$10,000 grant from the Opioid Task Force to provide emergency shelter for emancipated teens.

We are committed to ensuring all our youth have the resources to meet their basic needs sustainably and with dignity.

6. What steps has your organization taken to create a more inclusive work environment?

Issues of justice are inextricably linked to mental health. Inspired by Resmaa Menakem's (My Grandmother's Hands) somatic abolitionism, a body-focused framework for racism and anti-racist healing, we are engaged in an agency-wide effort to make Hilltown Youth a more anti-racist organization and ally for young people of color and other marginalized groups in our community. Diversity is essential work, unequivocally, but sometimes this narrow definition of justice lets white people imagine that their commitment to anti-racism hinges on their proximity to marginalized folks. In reality, we (as white people) must start building anti-racist culture by reckoning with how these forces live in our relationships and nervous systems. The mission is to uplift and amplify people of color and others belonging to marginalized groups, without abdicating the work white people must do with other white people to create cultural change that echoes from nervous systems to institutions.

We are teaming with the Wright Collective to help us design a social justice residency. This program is imagined as a space where established LGBTQ and Black, Indigenous artists of color can 1) work in collaboration with our community on projects and installations; 2) explore the multiple meanings of social justice for each artist and youth; 3) provide mentorship for our young LGBTQ and artists of color and inspire them to tell new stories with their work.

At Hilltown Youth we believe that the art our community makes can change the world. We know that the process of creating art changes the immediate world for our youth in recovery and has an impact for a lifetime. The ability to disrupt the ways that stigma and representation imprint and tattoo power upon people's bodies allows for innovative and creative spaces where health and wellness can be performative, visual and inspiring in its approach.

III. The goal of this funding is to help you build your organization's capacity to meet the needs of the people you serve. Please tell us how you plan to do that. *Please attend our [webinar](#) on 5/21/24 if you have any questions. You can also reach out to grants@rizema.org.

7. Please describe your organization's top three to five goals for the next three years.

"You are a shining example of the type of collaboration we want to have with our community partners."—
[REDACTED], Former Director United Way of Hampshire & Franklin Counties

In 2022 we secured a long-term lease at the former Heath elementary school. The town recognizes the creative placemaking unfolding in this underserved, rural community. Both its economic impact (over the past 4 years we've pumped over \$300,000 into the local arts economy) and the ways we've raised youth voices, reduced the stigma surrounding addiction and engaged the community in dialogues about mental health. Our new campus provides us handicap-accessible indoor and outdoor training and performance spaces and gives us the ability to host overnight recovery intensives and establish a Social Justice Residency. It's also been an opportunity to form new partnerships and offer programming for our co-tenants: the Senior Center, Public Library and Fire & Safety. We view this as a national model for reimagining and repurposing rural space.

Our goals include:

1) Many BIPOC and trans youth, especially, distrust and fear law enforcement. We are organizing a flying program, Kid & Kops, for youth from marginalized communities and local law enforcement. Our intention is to fly, train and write together in an effort to 'call over the fence' and build bridges between the two groups.

2.) Hilltown Youth has partnered with the Department of Public Health at the UMASS Amherst to conduct a 3-year outcome study assessing the effectiveness and applications of the program's art-based healing practices. The ultimate goal of the study is to prove the value of programs like the Recovery Theatre, to advocate for funding support and further outreach to recruit more participants. We're employing both qualitative, Digital Storytelling (DST) and quantitative (RedCap) methods. DST is a trauma-informed culture-centered approach where subjects become agents of art, social justice and capacity building. Young people who create Digital Stories are experts in their own lives and they're experts in looking for and analyzing connections between their own stories and other members of their community.

3.) S.M.A.R.T. (specific, measurable, attainable, realistic, time-bound) goals and the impact of our arts-based interventions will be measured using RedCap to gather baseline data on clients' behavioral health and substance abuse histories and administering it a second and third time over the course of their stay in the program. (Note: this is an instrument we already employ in our Youth Innovation Grant with BSAS.)

4.) Accessibility in our rural environ is about Justice, Equity, Diversity Inclusion and Belonging (JEDIB), but it's also about geography. In the rural towns we serve, addressing the myriad transportation issues that prevent impoverished youth from obtaining services is a "treatment issue." Rising fuel costs and the absence of reliable public transportation in remote areas prevents many families from attending events. A number of households possess only one car, which is needed to commute long distances to work. Purchasing safe, all-wheel drive vehicles that can transport clients on dirt and backroads to and from our campus is an essential part of our strategic plan.

8. How will the funds help you achieve your goals?

██████████ background in the fields of dependency and teen programming has helped Hilltown Youth soar to new heights throughout the region. His team's outcomes supporting the struggling youth population in the 413 is staggering."—██████████, Vice President of Philanthropy, Greenfield Savings Bank

The funds would help us achieve our goals:

- Hiring a p/t masters level researcher, statistician and grant writer;
- Funding the social justice residency;
- Purchasing a second van.
- Performing an outdoor, traveling urban spectacle in fall 2025 in Holyoke;

Lastly, currently, ██████████ is the only clinician on staff. This funding would allow us to hire an additional therapist and expand our family programs, which is another pressing need. As one mother wrote us:

"The Recovery Theater was a godsend for helping us support our foster daughter struggling with a recent heroin exposure. I had no idea where to even start. The program provided the perfect combination of structure and adrenalin rush (a.k.a. trapeze) that kept her connected. It was also be a pivotal experience for my son providing him with so many positive and meaningful experiences. He struggles with severe anxiety. Through drama and prose, he was able to find a voice for some of his fears. The balance between being on the edge of panic yet strangely safe at the same time allowed him to sleep and laugh in ways we rarely see. Finally, both kids felt so accepted as human beings yet totally hearing that their addiction and anxiety levels weren't okay. They heard the reality that those broken parts didn't have to define them."

In sum, the Hilltown Youth Recovery Theatre is utilizing the arts as a tool for social change and public health. This is an opportunity to save young lives and invest in a real model for transforming rural communities in Western MA.

Document Uploads

Please note that only one document is allowed per application question/upload.

Financial Statements

 RIZE Letter Of Explanation (6_14_24).pdf

Organization's Operating Budget

 HYRT 2024 Budget.xlsx